Harvard Medical

ALUMNI BULLETIN SPRING 1993

In the face of war

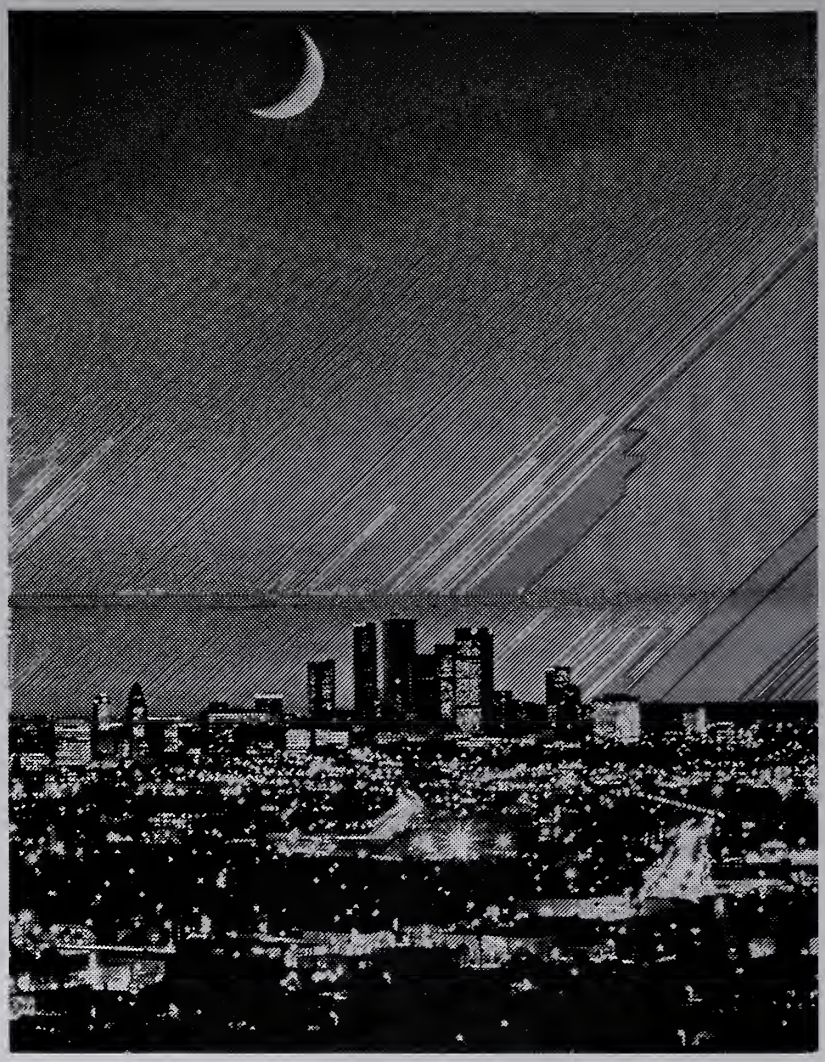

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Photo by Yannis Behrakis
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Inside HMAB

This was to be our "war and peace" issue, but I'm afraid there's much more war on these pages than prospects of peace.

We start with memoirs from the wars of this century that have followed the "war to end all wars." William McDermott '42 describes what it was like on V-E Day, the end of the European theater of WWII, and the horrors of liberating Ebensee, a death camp for political prisoners. Through journal entries, we follow Augustus White, HMS professor of orthopedic surgery, through a year in Vietnam as witness to the human suffering wrought by war. "If we could have all the world leaders spend a week in a MASH unit with a military surgeon, there would be fewer wars," he writes.

Geoff Greenfield '74 reports from Israel about what it is like to live with a lurking threat of war, telling of how his family dealt with the missile attacks during the Gulf War. We reprint excerpts from flight surgeon Rhonda Cornum's book, *She Went to War*, in which she decribes being shot down and taken prisoner in Iraq.

Inspired by his work with humanitarian leaders, Albert Crum '57 has researched the pages of history in attempts to understand what's behind the destructive decision making of despotic leaders.

We close with two perspectives on the post-Cold War challenges that face us as citizens of an interdependent world. Jennifer Leaning, of the Harvard faculty and Physicians for Human Rights, depicts some of the quandaries about when to intervene in conflicts. And Harvard's Reverend J. Bryan Herir sketches out a theological approach for determining when use of force is justifiable.

Ellen Barlow

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Letters

Another Knot in the Mystery

I was most interested in "A Mystery Unwound" (Winter 1992/93). My wife and I became enamored of antique clocks, mainly English, during a sabbatical in Oxford. Therefore, I read Oglesby Paul and Richard Wolfe's piece with relish. May I make a few comments:

They say, "Because it was apparent that the decorative fretwork and finials were missing from the top of the case..." I wonder about that. Their account makes it seem almost certain that the clock case was made in England. If so, it could very well have been made without fretwork and finials. It is plausible that those additions have made an English case masquerade as a "Roxbury" case.

Secondly, I would be interested in the wheel count of the clock, although I doubt that anyone has bothered to count, since that is a tedious exercise.

Neal Nathanson '53

Oglesby Paul responds:

Dr. Nathanson suggests that the clock case may have been made without fretwork and finials. In an undated statement found in the Fitz correspondence here at Countway (probably written in 1950), he wrote: "Since the clock had a groove on its top which suggested that part of its superstructure had at some time been cut off, the question arose as to whether or not to add one. Dean Berry and I finally determined to take the responsibility of having a top made."

As you know, fretwork is fragile and liable to damage; also, the fretwork and finials were sometimes removed to allow the clock to stand in a room with relatively low ceiling.

The book by Husher and Welch, to which we refer in the article, states that the great wheel has 90 teeth.

Thinking About Armenia

"Feast Day for Armenia," by Ellen Barlow (Winter 1992/93) about Nora Nercessian's magnificent mission to Armenia is one of the most inspiring pieces I've read in recent years in the area of Armeniana.

Armenia has long been a state of mind and heart as well as the crossroads of culture, which Barlow's piece bears out in relating the cooperation of professionals, not necessarily Armenians, who rallied in support of Dr. Nercessian's project. And if one picture is worth a thousand words, those accompanying the article speak volumes!

I am pleased to enclose my contribution with a heartfelt *Getsé*, which in Armenian is a vibrant "Bravo!" Survival is the name of the game and I hope it has far-reaching ramifications.

Shobig Sherry Terzian
Radcliffe 1937

Erratum

In the last issue of the *Bulletin*, a typographical error in a letter to the editor from David Korn '59, vice president and dean of Stanford University Medical Center, greatly changed Korn's meaning. The paragraph in which the error appears should have read:

"The modification of deeply ingrained patterns of human thought and behavior is *never* a simple task. In facing up to our challenges in academic medicine, firm, steady pressure to foster awareness and heighten sensitivity must be coupled with a steadfast institutional resolve to respond briskly, fairly and unambiguously to instances of unacceptable personal and professional conduct that will regrettably be with us for many years to come."

We regret the error, and apologize for any confusion it may have caused.

Pulse

Students Pen Their Own Textbook

What started out as a joke became reality when the student-written textbook *Pathophysiology of Heart Disease* was released at the end of last year by Lea & Febiger, publishers of medical textbooks.

"During our second-year cardiology block, several of us in Dr. Lilly's tutorial complained that there was no single good text on cardiopathology," says the book's student coordinator J.G. Fletcher '93. "He half-jokingly suggested we write our own book if we weren't happy with the existing literature." The students took him seriously and asked him to be their editor.

"We opened up the project to the whole second-year class," says Leonard Lilly, assistant professor of medicine and staff cardiologist at Brigham and Women's Hospital. "To pre-select for students who were truly interested, we held the first organizational meeting at an inconvenient time and place." Initially, 55 students gave up a Friday evening and 38 of them kept with it. The second-year class also served, literally, as the book's peer review committee.

The cadre of student writers, along with 17 faculty advisors, worked for 16 months to produce the 325-page text. Susan Hobbs and David Morales, both Class of '93, and Lilly drew the 300 illustrations. The text is intended to be more student-friendly—the entire book can be read in the usual one-month period allotted for cardiovascular disease.

As Daniel Federman '53, dean for medical education, said during a reception for the book, "It would be hard to think of something that better exemplifies what we're trying to accomplish in the New Pathway curriculum."

Pulse

Patients Seek Alternatives to Conventional Medicine

Based on a national telephone survey of 1,539 adults in 1990, David Eisenberg '80 and colleagues estimate that as many as one-third of Americans are turning to alternative medical remedies, it was reported in the January 28 issue of the *New England Journal of Medicine*. Though the vast majority of these patients also see a medical doctor, they rarely tell their physicians about their alternative care.

Eisenberg, who is an HMS instructor of medicine and an internist at Beth Israel Hospital, and his colleagues defined unconventional therapies as "medical interventions not taught widely at U.S. medical schools or generally available at U.S. hospitals." Examples include acupuncture, chiropractic, homeopathy, and relaxation and massage therapy, which are sought most frequently for back pain, insomnia, headaches, anxiety and depression—"chronic conditions that resist conventional therapy," says Eisenberg.

In the *Journal* article, the authors conclude that "Medical doctors should ask about their patients' use of unconventional therapy whenever they obtain a medical history." Eisenberg urges physicians to learn about these alternative therapies so that they can guide their patients in the use of them, and help them avoid any alternative treatments that might have harmful effects. The authors also suggest that medical schools include information about unconventional therapies in their curriculums.

Eisenberg teaches a month-long elective—Non-conventional, Unorthodox Medical Techniques: Implications for Clinical Practice and Research—for the HMS Department of Medicine. The course reviews existing literature on the safety and effectiveness of such therapies, but Eisenberg emphasizes that overall more scientific studies are needed on whether and how these treatments might work.

Eisenberg has studied Chinese medicine and other alternative therapies since 1979, when he attended the Beijing Institute of Traditional Chinese Medicine as an HMS exchange student. He is the director of the HMS exchange program with Peking Union Medical College and the Chinese Academy of Medical Sciences, and recently served as an advisor to the newly created NIH Office for the Study of Unconventional Medical Practices, which will conduct clinical and basic scientific studies of the safety, efficacy and cost-effectiveness of various alternative treatments.

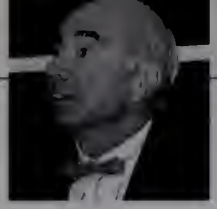
A Royal Visit

Harvard Medical School was honored with a visit from royalty last November. Princess Maha Chakri Sirindhorn, the daughter of the King of Thailand, opened an exhibition commemorating the 100th birthday of her grandfather, Prince Mahidol of Songkla, a 1928 graduate of HMS.

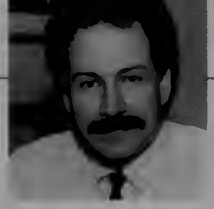
Prince Mahidol, known as the "father of modern medicine" in Thailand, "is remembered for his selflessness and dedication to all mankind, in particular, defining the role of a physician and scientist in serving the public good," said Mitchell Spellman, dean emeritus for international programs, in his welcome to the princess.

The exhibition, produced by UNESCO, chronicled the life of the prince. It is on a world tour and was displayed in the courtyard of the New Research Building at HMS. After graduating from HMS, Prince Mahidol eventually went on to establish the Siriraj School of Medicine in Thailand, where he taught preventive and social medicine. His son, King Bhumibol Adulyadej, was born at Mt. Auburn Hospital.

Marshall Bartlett, Patricia Donahoe, Claude Welch and Benedict Cosimi



Daniel Federman



Allan Brandt

Many Honored

In the world of antiques, a Louis XIV chair is a true classic. At Harvard Medical School, several who have contributed classic work were honored recently by being appointed the first incumbents to newly named chairs.

Daniel Federman '53, dean for medical education and professor of medicine, is the first incumbent of the Carl W. Walter Professorship of Medicine and Medical Education. The chair is endowed by a fund created by Wilfred J. Turenne in honor of his business partner, the late Carl W. Walter '32, HMS clinical professor of surgery, medical inventor and benefactor.

Federman, an authority on endocrinology and the genetics of sexual development, has served on the HMS faculty since 1959 and on the staffs of Brigham and Women's and Massachusetts General hospitals since 1977. As dean for students and alumni from 1977 to 1989, Federman was a driving force behind the development of the New Pathway.

"Dr. Federman is a superb teacher," says Nobel Laureate Joseph Murray '43B. "He has the ability to simplify the complex, and that was the essence of Dr. Walter's life."

A past president of the American College of Physicians and a national authority on medical education, Federman is also renowned for the individual care he gives to patients, and for his attention to students. He is a co-founder and editor of a textbook for clinicians entitled *Scientific American Medicine*, which is published in loose-leaf and compact disk versions, and updated each month.

Two other new chairs honor MGH surgeons Marshall Bartlett '28 and Claude Welch '32.

Patricia Donahoe, HMS professor of surgery and chief of pediatric surgical services at MGH, will fill the Bartlett Professorship in Surgery. Known internationally for her work in developmental biology and reproductive biology, Donahoe and her colleagues pioneered research on the natural fetal growth inhibitor, Mullerian Inhibiting Substance (MIS), and its inhibitory effects on certain tumors. Bartlett has made significant contributions to pancreatic, biliary and gastric surgery, and later became the first administrative director of the MGH operating rooms, setting new standards for efficiency and effectiveness.

Benedict Cosimi, HMS professor of surgery and chief of the MGH transplantation unit, will hold the Welch Professorship in Surgery. Cosimi's groundbreaking work on the monoclonal antibody OKT3 in the first trial of monoclonal antibody immunosuppression in humans led to its widespread use for organ transplants. Welch, who just published a personal history of the MGH (see review this issue), is a leading authority on gastrointestinal disease and cancer.

Two legendary figures in anaesthesiology have been honored together in the establishment of the Leroy Vandam and Benjamin Covino Professorship in Anesthesiology at the school and Brigham and Women's Hospital. *Simon Gelman*, newly appointed chairman of anaesthesia at BWH, is the first incumbent.

Covino, who died unexpectedly in 1991 at age 60, was chairman and professor of anaesthesia at HMS and BWH and an expert on local anaesthetics, particularly their effects on cardiac muscle. Vandam, a member of the team that performed the first successful kidney transplant, is professor and chairman of anaesthesia at PBBH, emeritus. He was a pioneer in establishing anaesthesia as an independent departmental discipline at the school and making it a rigorous field of study, and he co-authored the classic *Introduction to Anesthesia*.

Gelman, who hails originally from the Soviet Union, came to Harvard from the University of Alabama, where he was chairman of the Department of Anesthesiology. He is well known for his research on the mechanisms of ischemia reperfusion injury and the role of leukocytes, which are closely related to the pathophysiology of multiple organ failure.

Allan Brandt, who holds a PhD in American history, returns to HMS after two years at the University of North Carolina to become the first Amalie Moses Kass Professor of the History of Medicine. Brandt will be investigating the ways in which society and culture affect the perception and practice of medicine and is researching the history of cigarette smoking in America.

"We are beginning to place medicine and science in a broad societal and cultural context," he says, which he believes will affect both the practice of medicine and the allocation of health services. The Kass Professorship was established to provide a medical history scholar with the freedom to investigate a wide range of interests. Chair namesake Amalie Kass is an HMS lecturer on the history of medicine in the Department of Social Medicine.

Simon Gelman and Leroy Vandam

Pulse

A Wacky Journey

On the eve of the boards, two medical students and one confused dental student anxiously realize that they are woefully unprepared. Just as the unfortunate trio are deciding how to tell their parents that they aren't going to be doctors after all, a mysterious White Rabbit (Wendy Spangler) appears and leads them to a wondrous place where they will learn all the secrets of medicine. Welcome to the wild and crazy second-year show—"Harvard Med made ridiculously simple: an adventure in Wonderland."

The frightened but desperate students, Alice (Triste Lieteau), Lewis (Shawn Nassen) and Carol (Bozenta Jachna) arrive in "a strange land, egos big and small" filled with psychedelic green fog.

Soon came the anxiously awaited meeting with the Queen Daniel Tosteson (Liz Twardon), who sits on her throne, and King Daniel Federman (Jon Grayzel), who sits at her feet. If she doesn't like you, it's off with your head, or dissection!

Even after an attempted overthrow of the Queen Dean, the second-year class realizes that med school has been the happiest days of their lives and that with all their wonderful instruction, there's no doubt that they'll pass the boards and "be doctors in the end."

Abul Abbas, the Caterpillar, (Chandrajit Raut) has "a love affair with immunology."

photo by Ken Winoker

President's Report

by William D. Cochran

The mid-winter meeting of the council was attended by 14 of 15 members. Probably the greatest immediate concern to alumni was the final report, given by Nancy Rigotti '78 on the Task Force on Financing Medical Education. Chaired by George Bernier '60, our former president, the task force has come up with five recommendations.

In brief, the task force felt the medical school should cap or at least reduce the rate of tuition increase; the school should implement a plan for increased annual fundraising aimed at student financial aid; pressure should be put on residency training programs to increase resident salaries so that indebted residents will not be as financially strapped as they are now due to demanded paybacks (especially in their second and third years of residency); state or perhaps federal forgiveness should be made available for those willing to pursue practice in medically underserved areas; and lastly, Harvard should develop a loan management service for its students.

In response to these recommendations, there was vigorous, and often oppositional, feelings that the council should vote to recommend to our dean that we freeze tuition for the next five years. Generally, those in opposition felt further investigation of the cost to the medical school for supporting the clinical departments of the various hospitals ($10,500,000) should first be cost-accounted. The council would eventually like to back a strong measure that would show commitment not only of the hospitals' clinical departments, but also of the dean and us, the alumni, to freeze tuition. We certainly thank George and Nancy for their efforts.

The network to link students travelling to prospective residencies with alumni—for information, bed and breakfast and local knowledge—moved one step closer to action, with New York City the closest to being on-line.

In general, it seems we are currently sailing in quiet waters. None of us hears sounds of friendly or cantankerous words from any of you. Probably there are bigger storms brewing! If our reading of you all is wrong, please let us know.

Alumni Day, June 11, will be based on the concept of "What is the responsibility of a medical school to a community?" Ann Landers will take the side of the patient as one of the speakers, and some of our hopefully opinionated alumni will give us their answers.

William D. Cochran '52 is HMS associate clinical professor of pediatrics and pediatrician-in-charge at the Beth Israel Hospital.

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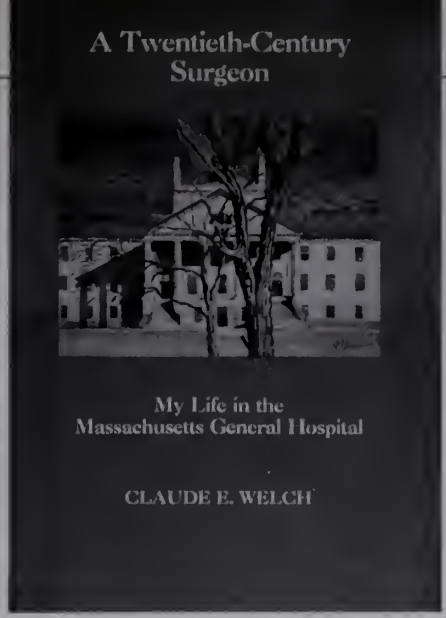

A TWENTIETH-CENTURY SURGEON: MY LIFE IN THE MASSACHUSETTS GENERAL HOSPITAL
by Claude E. Welch.
Watson Publishing International, 1992

by George R. Dunlop

A reader of Claude Welch's autobiography, *A Twentieth Century Surgeon*, is almost certain to ask, "How can one physician touch so many lives, influence so many national societies, publish so many papers, teach, conduct a busy surgical practice and wrestle in the arena of medical politics, all within the span of some 80 years?"

Inheriting the genes of leadership, while helpful, is not sufficient to ensure success. Adversity, hard work and discipline also forge patterns of achievement. Welch had them all: the heat, the cold, the dust, the mud and the storms and floods in the small western town of Stanton, Nebraska. To add to his strength and perseverance, he had a paternal grandmother of "enormous physical, mental and moral strength," a father who, as a school superintendent, was described as "a born educator," and a loving and supportive mother who was also a teacher.

Welch writes, "My entire future career was determined by my parents." So it was that Claude Welch left home at cruising speed.

There follows a story to fire the imagination, as he moves through medical school to the pinnacles of his profession. His journey is highlighted by a dry, focused sense of humor and a charming, pervasive modesty. He appears as incredulous as his readers at his depth of involvement with the institutions that constitute this country's medical complex.

Welch graduated from Doan College summa cum laude and was president of his class. By then, medicine was his goal and Harvard Medical School his next target. His acceptance was never in doubt, nor was his position as a waiter in Vanderbilt Hall. The faculty at that time was making medical history, and at graduation, Welch's class "recognized that they had had a superb medical education."

As might be expected, his next target was a surgical residency at Massachusetts General Hospital. His appointment and the influence of Arthur Allen and Edward Churchill as "role models" further enhanced his chances for future success. His experiences during World War II, in the operating rooms of the MGH, and as a faculty member of HMS came as a result of his careful preparation for these many assignments.

Woven into the fabric of this record is a description of the remarkable changes in the politics and delivery of medical care during this century. The men who surrounded him were distinguished, and his descriptions vividly bring them to life.

For many surgeons the story might end here, but not for this remarkable man. Soon after the war, Welch found time for the organizations and societies that constitute an important part of the decision-making process of American medicine. It would seem to this reviewer that he touched all bases. He served as president of the Massachusetts Medical Society and as chairman of the Committee on Publications for the *New England Journal of Medicine*. He headed important committees of the American Medical Association and was nominated to run for its presidency, but wasn't elected. He spent five frustrating years as chairman of the Board of Registration in Medicine for the Commonwealth of Massachusetts.

He devoted many years to the American College of Surgeons, rising through its ranks to the presidency. In 1976, he became president of the American Surgical Association, one of his greatest honors.

As might be expected, his many contributions to American surgery brought recognition. Among these were the Distinguished Service Award of the American Medical Association, the Bigelow Medal of the Boston Surgical Society, the Trustees' Medal of the MGH, and finally a professorship in his name on the faculty of HMS for the MGH.

This autobiography is a surgical history of our century as viewed from a Boston perspective. It is the story of a caring physician, who all his life found the time to give freely of his talents to others.

As with many men of accomplishment, he had a loving, wise and supportive wife, Phyllis, to whom he has been married for 54 years. They have two sons and six grandchildren.

To read the account of the life of this 20th century surgeon is a rewarding experience, which should strengthen the resolve of us all. As Pericles wrote: "The story of famous men is not graven only on stone, but lives on, far away, without visible symbol, woven into the stuff of other men's lives."

George R. Dunlop '31 is professor of surgery emeritus, University of Massachusetts Medical School.

The Aftermath of Surrender

by William V. McDermott

FROM THE INVASION OF NORMANDY on Omaha Beach to the Battle of the Bulge, I served as a surgeon with a light armored mobile 40 mm gun battalion. At that point, I was transferred to a mobile auxiliary surgical unit and proceeded through the Siegfried Line, across the Rhine into Germany.

From Hitler's suicide on March 30, 1945 to the final capitulation of the Axis powers at midnight on May 8, the actual train of events was thoroughly confusing to us in the European theater of operations. It was, I suppose, equally if not more so to those at home. The negotiations between Stalin and the West were as difficult to understand and interpret as those between the German leaders and Eisenhower.

On May 7, Generals Jodl and Von Friedeberg met with General Eisenhower and Allied representatives at his headquarters in Rheims. There, he signed the document on behalf of Admiral Doenitz that agreed to the unconditional surrender of all German armed forces.

The narrative below is taken from letters I wrote home to my wife, Blanche, about the events and my reactions on V-E Day and our subsequent liberation of the concentration camp at Ebensee (known as the death camp of Mauthausen), which was near Linz on the River Danube in Austria.

These were the very days for which so many millions of people had prayed for so many years.

Interestingly enough, we hardly gave a second thought to the news flash that came over the radio on May 4 that the Germans in the north, in Denmark and in Holland had surrendered unconditionally. That may sound a little peculiar, but for over a month it had been a foregone conclusion that V-E Day was only a matter of days rather than months away. We accepted all these magnificent events calmly, in spite of the fact that these were the very days for which so many millions of people had prayed for so many years.

In a way, it was a different time from what we expected because everyone had set V-E Day as a goal and a climax, and it wasn't until it was imminent that the full realization dawned that V-E Day was not the finish line by any means. All the subsequent uncertainty and speculation about the war in the Pacific was a letdown, which was hard to fight off.

The announcement came over the radio on the morning of May 8 from representatives of the German army telling of the unconditional surrender of the remaining German troops. Interestingly though, they said it would not be officially announced until the next day. Therefore, we supposed that the next day would actually be V-E Day, so we wondered what we should do that night. After much deep thought, it was decided that the only sensible thing to do would be to have two celebrations—one for the eve and one for the day itself. In fact, that solution was very satisfactory all around since we still had a half-dozen patients in post-op. Some of us would have to remain strictly sober. This way, at least everyone got a chance to relax a little on one of the two nights.

It was hardly a raucous celebration. We opened a couple of carefully hoarded bottles of GI-issue bourbon (Old Grand-dad) and made some hors d'oeuvres and sandwiches out of the special stock from packages from home. After a round of aperitifs, we had dinner, came back to quarters and

photo of Ebensee by William V. McDermott

sat around for some time in general conversation, while rolling each sip of bourbon over our tongues. Finally, we started a poker game, which wound up a little after midnight, when we folded up quietly to write a note home or go to sleep. We even kept up the blackout since no official order had come down to raise it.

It didn't really seem over but I guess it was. The winter before, when there was no element of time except whenever you happened to eat or sleep, when the crashing of guns and the drone of motors overhead were part of the routine of life, and the ambulances and jeeps rolled up one after another with their loads of frozen, shattered youngsters, it didn't seem possible it would ever end. Now that it was over, there wasn't much left to say except to thank God that at least part of this worldwide mess was cleaned up, and that we were well beyond the halfway mark. It seemed to bring home a little closer.

It didn't really seem over, but I guess it was.

The next evening's celebration hadn't really gotten under way, however, when an emergency order came through for us to join the Third Cavalry to take over the medical and surgical care of a concentration camp full of political prisoners, Jews and Russians who had just been liberated at Ebensee in Austria.

The sun was shining warmly and brightly out of a clear blue sky, and the route we took through part of the Austrian Alps was magnificently beautiful. We wound along through a suc-

photo by William V. McDermott

cession of fertile green valleys flanked by towering snow-tipped peaks, which rose precipitously at the edge of the valleys. It really was glorious country and just too damn bad that it was ever a part of greater Germany. The Nazis most certainly did not deserve all that beauty.

There were a couple of other interesting things about the journey that day. We encountered a motley procession of southern German army personnel struggling down the road with all their transport and equipment. They came in a disorganized mob—walking, riding bicycles, motorcycles and horses, or piled into any available vehicle that still had enough gasoline to run. There were all types and ranks: generals riding in clean pressed uniforms and shining brass, officers crowded in groups in the various kinds of cars, sullen SS troops, beaten, ragged, dirty and unshaven Wehrmacht men trudging along alone or in groups. I had no idea where they were headed, but I supposed there were other collecting points in the rear echelons where they were imprisoned, interrogated, numbered and classified.

The Nazis most certainly did not deserve all that beauty.

The other thing that particularly interested me was the sudden revival of the Austrian national flag—red, white and red. Practically every house had one flying in an attempt, I suppose, to convince the Americans that they were a liberated rather than a conquered country. I recognized the

fact that, generally speaking, these Austrians were on a distinctly higher level than their brethren to the north, but all this flag waving didn't impress me very much. Their government had accepted the Germans, and while it is true that Nazism may have been thrust upon them, I saw nothing to convince me that many of them had any serious objections.

At the end of this long jaunt was a picturesque little Austrian town called Ebensee, situated in the most magnificent natural scenery imaginable, just across the Danube from the Russian lines. The houses were clustered at one end of a small mountain lake with tall, craggy peaks towering precipitously on all sides of this natural saucer. The streets were neat and clean, and the houses built in the tradition of the ancient Austrian chalet. The lake was a pure blue and the mountains were so sheer that they seemed about to topple into the valley, a melange of brilliant greens topped off with snowy summits. Gmunden, at the other end of the lake from Ebensee, was where Schubert used to sit on the bank and write *lieder*.

As we rolled through the town of Ebensee on May 10, we came to the gates of the concentration camp, where the French prisoners had hung a large sheet with the words *"Les Français saluent leur Allies."* As we entered the gates, however, we faced a horror story that is bad enough in words but cannot approach what actually hit our eyes, ears and noses. Like it or not, the horror of these camps seems to have become a part of our age.

The camp itself was located on the outskirts of this lovely little mountain town of Ebensee at the foot of a huge cliff, which formed a sheer side of one of the surrounding mountains. This put the prisoners in immediate proximity to their work—blasting, digging and chipping away at the solid rock to form a series of subterranean chambers and corridors in the depths of the mountain. When finished, this was to have been a part of the Nazi's southern redoubt about which so much has been written—the "Festung Europa." Supposedly, there was to have been a huge underground factory there, but that's based on hearsay rather than fact.

If ever there was a place with calculated sadism, frightfulness and horror, this was it.

The general arrangement was not remarkable—there were innumerable, one-story, drafty, wooden barracks spread over a wide area of many acres and surrounded by a high barbed-wire fence, with sentry towers at close intervals and strong floodlights around the perimeter. So far, it sounds very much like any prisoner of war camp anywhere. But if ever there was a place with calculated sadism, frightfulness and horror, this was it.

Ebensee was technically a death camp for Mauthausen, the largest of the concentration camps in Austria. Those who entered the camp weren't supposed to survive, but while they lived, they were forced to work on excavations in the mountains during all daylight hours. The prisoners in this particular camp were all "political," that is nonmilitary, but there seemed to be no rhyme or reason to explain why they were there. Some were members of the underground throughout Europe, some were Jews, some were editors of newspapers (*Paris Soir*, for example)—they were of every age, nationality and occupation. A very high percentage of the men (Ebensee was for men only) seemed to be in the upper intellectual bracket: lawyers, editors, doctors, professors and businessmen.

On entering the camp, these people had everything taken from them and they were given only a thin shirt and trousers with a prison-stripe design and, in winter, an equally thin "overcoat." Then they were assigned one-half of a double-decker bunk in a barrack. The bunks were jammed so close together that hundreds of men slept in one small building under the command of a "kapo"—a prisoner who had been subverted by the Germans with special privileges to maintain order and to brutalize his own compatriots.

There was no water, heat or latrines, nor cooking or eating utensils or facilities. The prisoners had no shoes and went barefoot, even in winter. Rations consisted of six ounces of bread per person per day with some potato-peeling soup, which they fished out of a container with anything they could find or make. A man does not survive long on that diet, although some managed to stretch out their life span a few months by various means, including eating roots and grasses. They were forced to work all day, every day, until they were too weak to climb the steps of the excavations.

At this point, the weak were sent to the "hospital," several barracks in which a selected number of doctor-prisoners were allowed to work, but with no equipment or medicine. There, they were put on half-rations to hasten their death. If someone lingered too long, he was disposed of either by the SS themselves or by a fellow prisoner, whom the Germans had bribed to kill with the promise of extra rations. (The latter was obviously a sadistic method of further degrading the prisoners, since the Germans certainly had no compunctions about murder.) If not sent to the hospital, they were directed to the gas chamber. The doomed men selected for this method of exit were given a small piece of soap and told to take a shower. Then the door was closed behind them and the gas turned on.

We know that doctors become more or less accustomed to the sight of

illness, suffering and death, but we were all physically sick after our first view of the camp. These men were literally walking skeletons with every bone of their skulls and trunks standing out sharply; their bodies were bent, twisted and shrunken by disease and torture. They all had horribly diseased skin, huge running sores, areas of osteomyelitis where wide sections of bone were exposed and discharging pus, and a number of huge open empyemas draining from their chests. A few had their wounds covered with paper bandages that the Germans had "kindly" given to the doctors.

There were cases of typhus, tuberculosis, and of dysentery so severe that the men were completely incontinent. Almost every one of these thousands had at least several terrible conditions and all, of course, had some degree of dysentery and were so wasted by starvation that they had grotesquely distended abdomens and feet and ankles swollen by nutritional edema.

My God, it was awful. Any one of these cases would be unbelievable and, when they were lying, crawling or walking around by thousands, it surpassed anything the human mind could imagine. Those who were too sick to move were lying in barracks, six and eight to one double-decker wooden bunk in conditions of indescribable filth, covered with millions of lice, bedbugs and flies. You could smell the camp before it came in sight.

These men were normal, healthy, happy human beings once upon a time, but the majority of them were devoid of cleanliness, pride, modesty or shame. Driven to that state by months of insensate brutality, they groveled and pleaded for food, which they then wolfed down like animals. When we began feeding them light meals, they would cluster around the containers afterwards, scrape the sides with their fingers and then gnaw at their nails to get what had collected there.

It was impossible to hand a cigarette to one for fear he would be almost torn to pieces by hundreds of his fellows in their attempt to take it away. I set down a box of soap for a few minutes and when I came back, half of it had been eaten.

I thanked them as well as I could and fled precipitously before I broke down completely.

Medically speaking, we were faced with an impossible situation. We watched men die by the dozens as we walked around. Five men dropped dead while waiting in line for the first meal we served. There were not enough medical supplies, vitamins, plasma or doctors in the world to give all these prisoners all over Germany what they should have in the way of immediate individual treatment. All we could do was gradually improve their living conditions, sanitation, food, cleanliness and slowly begin medical treatment.

On specific orders from army headquarters, all the Germans and Austrians of this whole district had been put to work in the camp—scrubbing the barracks, cleaning up the filth, washing the bedridden patients—not only because we needed the workers, but also to impress forever in their minds the true frightfulness of the regime they had either fostered or condoned during the past 12 years.

The Austrians were made to load the hundreds of beaten, wasted and bloody bodies onto flat horse-driven carts, bring them through the main street of the town and dig individual graves in a large plot on the outskirts, which was to be prominently marked "German Atrocity Cemetery." Each grave was to be individually identified whenever possible by name, number and with a cross or Star of David.

When I walked into the first of these frightfully crowded barracks on the first night, there were three pitifully weak cheers for the American army. A few apparently ex-soldiers struggled to their feet in an attempt to salute, and someone tried to sing, "Over There." I thanked them as well as I could and fled precipitously before I broke down completely. This is such a sad commentary on a race supposedly civilized and exposed to centuries of Christianity, but I've given up even attempting to answer the question of how human beings could do all this. The whole damn country at that time seemed pathological and I am no psychiatrist.

Ours was a terribly discouraging job. A camp like this would present an enormous challenge even to a huge 3,000-bed civilian hospital already permanently established with tons of medical supplies, beds, blankets, food, soap, towels, laundry facilities, medicines, surgical facilities and a large staff of doctors and nurses. For a small mobile surgical unit like ours, even with all three platoons acting for the first time as a unit, it was a matter of constantly butting our heads against a wall.

We had to run water into the camp; set up outdoor showers and delousing stations; scour the countryside and capture German depots for clean clothing, blankets and dressings; set up all our tents; get the barracks emptied, fumigated and scrubbed; burn all the old blankets and clothing of the prisoners; set up hundreds of latrine facilities and dressing stations; isolate the typhus, tuberculosis and other infectious diseases; and separate various types of cases into some sort of ward system by medical category. What it boiled down to is that three small, specialized surgical units were trying to run a city in which all the inhabitants were in the last stages of starvation, most of whom had one or more horrible diseases, and where there was no elementary sanitation, housing, clothing or food.

We had begun to organize things fairly well, but medically and surgically we really hadn't scratched the surface. Fortunately, a much larger evacuation hospital was supposedly moving up and would be able to take over in a few days. It was not only an exhausting business, but the whole atmosphere was so depressing that we were completely worn out by the end of the day.

We all needed a little relaxation and someone had the bright idea of taking over a large boat for a cruise around the lake by which this village is located. We left just after dinner and it stayed light until well after 9:00 PM. This was an idyllic spot in the Austrian mountains. The scenery was as magnificent and glorious as the concentration camp was horrible and filthy—something about "and only man is vile."

Two of the ex-prisoners who were comparatively healthy, since they had just arrived at the camp before we did, wanted to come along and provide some music for us. So we found a violin and an accordion in the village and those two sat up on the bow of the little steamer and played the whole time with great relish. Both had studied music in Paris and were excellent musicians, so we had variegated selections: Beethoven, Brahms, Tchaikovsky, Strauss, Gershwin, right down to "Tiger Rag." It was quite late by the time we got back to shore, but the evening was a marvelous respite!

It was a wonderful day when the evacuation hospital turned up to relieve us. They had so much more in the way of facilities, equipment, personnel and stores for this sort of job. Our unit, of course, was extremely mobile—which is why we were sent down on this job initially—whereas an evacuation hospital presents a major problem in moving and was usually located well in the rear echelons.

My God, what a relief it was to get out of that sordid horrible atmosphere, which kept you in a state of pity for those poor bastards who had been locked up, in a mood of hatred and disgust for those responsible, and depressed because such inconceivable things could happen in a supposedly civilized world. I suppose it's not a very admirable attitude, but I felt almost as if I had been released myself.

What a remarkable feeling it was, to go out into lighted streets and see the glow of windows all around.

The whole continent was a shambles, what with millions of wanderers, the enormous destruction, the looting, killing and general lawlessness. Gangs of SS and Gestapo still wandered about, armed terrorists released or escaped from concentration camps burned, murdered and looted, and a human life was worth about as much as the 6' x 2' x 2' plot of earth it took to bury the body.

At times, I wondered if the war was really over when I heard the spasmodic crackling of rifles or machine gun fire. Usually it was SS men or released Russians, or both, shooting and looting German civilians or each other. They both stayed strictly out of the way of the American troops so that, except for the fact that our patrols were bothered with rounding up one gang after another, it didn't affect us too much personally. But it did take on the trappings of the Barbary Coast during the days of pirates and left us irritated with everyone.

With the evacuation complete, we eventually moved on and were back in tents again by May 16 in Traun, Austria after a few hours on the road. All the officers, eight at this point, who remained with the unit were now living in a ward tent with plenty of room and electricity. (We usually did not have to use our portable generators in Germany since we merely tapped into the local line when it was functioning.) It was not entirely clear what our exact mission was to be, but we were all set up and ready to work whenever they sent us any patients. Supposedly, we were to function as a "Typhus Diagnostic Center" with wards set up for observation, study and treatment—an interesting job for a group of surgeons!

It was wonderful to forget about blackouts. This may seem like a minor point, but it had been a source of constant irritation for so long that almost everyone felt that their first reaction to the announcement of the cessation of hostilities was that we could now forget about the damn blackout. What a remarkable feeling it was to be able to go out into lighted streets, see the glow of windows all around, drive with bright headlights, and be able to walk outside at night without fumbling and crawling around in pitch black with the dubious assistance of a dim glow from a covered flashlight. We didn't have to wander around with an ear instinctively cocked to the sound of a plane's motor or to the sudden eruption of artillery or mortar fire. But the major relief seemed to be the ability to turn on a bright light in a room without nailing up a blanket or boards, and to read or write in a tent at night with all the flaps open.

We had a pleasant surprise visit one day while we were in Traun from a chaplain whom we knew from pre-invasion training days in England. He was a great person, very amusing and we all liked him tremendously. His arrival suddenly made me realize how much had happened since I last saw him, which in actual time wasn't so long ago, although under these circumstances it seemed like centuries.

In that space of 15 months since England, we had gone through maneuvers at Blandford and on the Salisbury Plains, taken up action stations at 9th Air Force Fields in East

Anglia, returned to the First Army for the intense period of the concentration, marshaling and staging areas, came into Normandy on Omaha Beach, were transferred to the Third Army for the breakthrough and race across France, and were thwarted on the Moselle crossing. We were then bounced back and forth during that long depressing stalemate at the German border, which was finally broken during the Battle of the Bulge and the subsequent bloody grind through the Siegfried lines, rolled across Germany and Austria, where we waited for the announcement of V-E Day, and finally took on these postwar concentration camp and typhus problems.

May 24 was a banner day since an order reached us that morning that the wearing of steel helmets and helmet liners was no longer required. Out came the garrison caps and overboard went another of the chronically irritating customs associated with the war. We used to think when we first hit England that we'd never get used to constantly wearing a helmet. But after a month or so of wearing them faithfully in France, they became bearable and we didn't have to take them off every half-hour to relieve the headache. Anyway, it sure was nice to dispense with them for good—or at least until we hit the Pacific.

"The old order changeth yielding place to the new!"—which isn't too exciting, but was certainly different. First, the lifting of the blackout, then full headlight night driving, the abolition of the rule that required wearing the helmet, and finally, the conclusive evidence that the war in Europe was over. Individual officer censorship was a thing of the past in the European theater of operations. There were still a few specific subjects remaining that we were not permitted to mention, and letters were still subject, in theory, to check by a base censor, but to all intents and purposes, censorship as we once knew it was over.

After a brief period as supervisors of a German hospital at Neubad, and then back to the concentration camp at Ebensee, we were sent to Schliersee in Bavaria, where I was placed in command of the new MASH unit and initiated a training program designed for landings on the islands of Japan. Fortunately, V-J Day (August 15) obviated the need for further training and eventually we sailed for home, passing the Statue of Liberty on Christmas day, 1944—an end, and a beginning.

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Photo by William V. McDermott

Vietnam Memoirs: River of Blood

by Augustus A. White III

July 8, 1966
Fort Sam Houston army base, San Antonio, Texas. Among other things, this is the site of basic training for the U.S. Army Medical Corps. Here we learn to dress, salute, load and shoot a 45-calibre automatic pistol and an M-16 machine gun. We also learn to use a compass and crawl on our bellies. More importantly, we learn to debride wounds and familiarize ourselves with some of the realities of the military bureaucracy. Trainees are also given cogent information about malaria, public health and preventive medicine in the military.

It is well known that there were many options to avoid service in Vietnam. I chose to serve for two very simple reasons. One, my function there would be to save lives and alleviate suffering, not to eliminate lives. Two, in a very real sense, people fought and died in WWII to protect my life and, at least to some extent, my freedom. This constituted an obligation in my mind.

Yesterday I went to the Alamo and was most impressed by the heroism, patriotism, historical preservation and nationalistic spirit it engendered in me. As a kid in the early 1940s, I recall quite vividly marching around the house with pride to the popular song

My function there would be to save lives, not to eliminate lives.

"Remember Pearl Harbor," a kind of "fight" song for WWII. The refrain was "Remember Pearl Harbor as we did the Alamo."

This visit to a major historic shrine should have been a tremendous source of pride for a young American being processed as a captain in the medical corps of the U.S. Army. I read the 100 or so names of the heroes—including James Bowie, William Travis and Davy Crockett—engraved on bronze plaques inside the Alamo. But then on the last plaque the final entry read: JOHN—NEGRO BOY.

I'm sorry, but this just ruined the whole darn thing for me. Was he really a boy, or was he a Negro man, who died as the other soldiers fighting for his country? If he were a boy, why was he there fighting to his death with men?

Didn't he have a last name, like the others? In fact, was his first name really John, or was it just known that there was a "Nigra up there who got kilt so we'll just call him John."

Should I be proud and thankful that they even bothered to mention him? Should I ask myself what kind of "Tom" would be there fighting in the first place? No, no, I can't ask that about him without asking the same about myself. This brings up my deliberations with myself about being a doc, and being needed and not killing, but saving lives. I never know how much is my honest belief and how much is my rationalization to justify being involved in a confusing, controversial, questionable situation.

August 19, 1966
I just arrived in Vietnam. I am full of intense emotions too complex to thoroughly explain. These include feelings of disgust, depression, determination, anxiety, frustration, hope and a certain romanticized sense of adventure. The country is hot, humid, dusty, dirty and has the subdued but distinct smell of human waste.

The afternoon was spent checking assignments and in discussion with Cols. Fisher and Gomez. The latter is the new surgical consultant to the Vietnam theater of operations. Fisher, who is leaving, made a plea for us not

photo by Augustus A. White III

to put in intramedullary rods in open wounds involving femoral fractures. He explained that he understands that we in the MASH units want to "solve problems," but this could result in the catastrophe of an infected fracture. He also urged us not to put plaster over a Thomas splint. He pleaded for us to manage femoral fractures with a 1 and 1/2 hip spica cast without a Steinmann pin, just for temporary fixation. We then should evacuate the patient as soon as he's stable. The principle is not to be definitive, but to stabilize and evacuate.

Surprisingly enough, he made a plea for some early efforts to do a research project. In the next four weeks I shall decide on a cogent paper for publication in a medical journal and get to work on it.

Showers without hot water are not too tough to take as it is hot anyway. I'm really exhausted—jet lag, excitement, anxiety. I plan not to count the days or to bellyache here nor to the folks at home.

August 23, 1966

I've been depressed because of the terrible inconvenience of this place. We sleep in tents with no mirror, no washbasin, a smelly latrine. There is a shower on one side of the camp and we sleep on the opposite side. There is a 10:30 PM curfew and no possible privacy with three to a tent. There's no ice water nor any recreation. Well, the shock of all this to be faced for one year really got to me. Also the fact that I could have joined the reserves or the Public Health Service and avoided all this frustration. Thank heavens I'm not out being shot at.

The Qui Nhon countryside, where I am assigned to work at the 85th Evacuation Hospital, is simply beautiful. The tropical foliage and tall mountains are bright green and the water is beautifully blue. The town, like too much of everything else in Vietnam, is filthy.

Today I came very close to taking some pictures and sending them to President Johnson, with a letter respectfully asking him if it's worth it.

August 27, 1966

Well, here is the army way—at least over here. Everyone is selfishly working all the angles. Take, finagle, improvise, swap, swipe, etc. It's a lousy way to live. Everybody takes a little bit off the top. You know somebody, you do them a favor, you think of somebody in terms of what they can do for you. Not my style.

There is a very good officer's club here in Qui Nhon, on a beautiful beach with an expansive view of the South China Sea. The food is actually pretty good. The officers were discussing the way the natives steal and then sell things back to us on the black market—a real problem, which angers and frustrates me.

My philosophy about these situations is to do an excellent job where you have the power. Foster warm, happy relationships with friends and loved ones here and at home. Fight for what you believe in. But to hell with what you can't control. As one, lonely medical officer I can't try to solve the black market problem or change the "army way."

Take race. About 11 percent of the U.S. population is black. In the early stages of the war, 22 percent of those who were killed in battle were black. The brothers have informed me of the inordinate frequency with which they were chosen as "point men." This is just one of innumerable reasons for these skewed statistics.

The attitude of the whites is hard to fathom. Some seem to want to respect and like me, perhaps to rid themselves of their guilt. So many white docs never had to deal with a black surgeon who may question, challenge or even criticize. It is a very difficult adjustment for them to deal with me on an equal basis. It probably shocks and perturbs many of them that I don't go overboard to be friendly or apologetic when I must disagree with them clinically. Then there are those who are obviously prejudiced and downright resentful.

August 28, 1966

Treated a 20-year-old infantryman today; he took a direct hit from a land mine, which had blown off his left foot and riddled his leg with shrapnel, and injured the skin of his right wrist. I was quite depressed and upset to witness this young soldier's plight. Although I don't personally blame Lyndon Johnson, my emotional response was to want to grab our president by the elbow and bring him in to show him this terrified young man, writhing in pain, with his leg and arm in bloody dressings.

If we could have all the world leaders spend a week in a MASH unit with a military surgeon, there would be fewer wars. This may sound facetious, but I am serious.

We worked hard on both legs, and after several hours his wounds had been carefully debrided and the extensive bleeding was completely controlled. But then as it sometimes happens, in our final check of the wound before dressing it, we discovered a wad of mud and feces along with the explosives deep in the tissues, which had been blown into the wound. I took a deep breath and went to work on it.

September 7, 1966

Went to visit Col. Rodgers, my black commanding officer, at headquarters

photo by Augustus A. White III

today. I felt proud and happy. I hadn't reported to a black superior since I worked as a lifeguard at a segregated swimming pool in Memphis.

As I was leaving, he held my elbow and warned, "I want to impress upon you—and pass it around to your colleagues—when you're driving around here you have to look very carefully." I thought he was going to tell me to look out for the Vietcong. But no. He continued: "Look out for the general's car and salute it! One of the doctors did not see it today and the general was quite upset."

As I heard the story later, the general had turned his jeep around and approached the doctor with his gun drawn, and then went into a tirade about saluting. He wrote up the doctor for insubordination. Simply ridiculous! This general was better known for his idiosyncrasies and obsession with being saluted than for his ability to command.

September 9, 1966

The nickname "Charlie" for the Vietcong is quite intriguing to me. "Old Charlie," as he's called, is an almost affable, yet a condescending, patronizing term. It more or less says, this poor buffoon is trying to fight me and I've got to sort of watch out for him, but he can't really touch me. No one exactly hates him or at least not a lot of the military seems to be screamingly mad at him. It's weird.

I don't fully understand what motivates Charlie. He couldn't possibly expect to win. He should be convinced that we're not going to withdraw. Well, maybe he'll give up.

September 16, 1966

Today I came very close to taking some pictures and sending them to President Johnson with a letter respectfully asking him if it's worth it. I'm thoroughly convinced tonight that it's not worth it, whatever "it" is.

Saw a young boy "hit" in the right hip with God knows what. It completely shattered his femur close to the joint, exploding in him, sending filth and gun powder all through his thigh, lower abdominal wall, scrotum and penis. His sciatic nerve was blown out, as was his femoral artery and 2/3 of the skin of his thigh.

I just don't think this is the way to stop world communism. Eisenhower's domino concept is too theoretical to justify this inhumanity. Death is too final—too great a sacrifice. To die for your country is honorable, if it's for a reasonable, understandable purpose. I feel that it is my moral obligation to write a letter. Right now I have that feeling deep in the gut that you get when you know you must act. Spoke with my commanding officer who strongly advised that protest as a civilian if you will, but a U.S. military officer does not write anything negative about the war effect to the president from out of a combat zone.

September 22, 1966

I felt pretty good today—worked hard. I saw a 31-year-old black sergeant who was a platoon leader and point man on a patrol. "Charlie" got all his buddies and hit him in the leg and shoulder, fracturing his proximal femur.

He was a brave, mature, scared and grateful man. He realized all too well that he was lucky, so lucky, to be alive. He had lain face down in the swampy mud hoping they would think him dead. He was there for hours. "Charlie" took his watch and wallet. One talked the other out of killing him. Hungry, biting ants crawled over his body, attracted by the stench of the urine in which he lay. He described trying to pick them off his body, which he says kept him out of shock, as he'd lost lots of blood.

His company found him 24 hours later. He came here, we debrided him, opened him widely, and cleaned him up. This soldier's bravery, strength, composure, toughness, appearance, compassion and even his manner of speaking reminded me very much of a heroic military character that Sidney Portier once played: I said to myself "Brother, this is no emotional movie—this is stark reality of the highest order." Then I realized that my emotions were numbed from overload. I also realized that no movie, book or oral history can ever fully convey the reality of war.

October 7, 1966

Today was a great personal and medical triumph for patient and doctor. I had to make a diagnosis and prescribe treatment under somewhat stressful and highly visible circumstances.

photo by Augustus A. White III

The patient was a trooper with a unilateral facet dislocation of the cervical spine. My peers questioned my diagnosis as well as my treatment. But I had just completed my chief residency with Professor Wayne Southwick, a leading spine surgeon and educator, who encouraged us to act independently on the strength of our convictions. I knew what I was doing. The best treatment is closed reduction of the dislocation using skull traction followed by a cervical collar. The patient is supine in bed or on a frame, and weights are applied to the tongs in the skull through a rope and pulley system.

The dramatic key issue after debating the diagnosis was to employ the appropriate combination of courage and judgment to decide how much weight to put on the pulleys and therefore the neck. The textbooks at the time suggested 35 to 50 pounds. I knew from experience at Yale that one could go up to 65 pounds or even more.

But 65 pounds did not work for our well-muscled trooper. With a bolus of IV Demerol and some muscle relaxant, there was a loud snap and dramatic reduction of pain, indicating successful reduction at 80 pounds—confirmed by x-rays. I was proud of my courage and appreciative of my training.

Several of the black troopers who worked on the ward let me know later that they heard conversations indicating that a couple of the white doctors were not particularly happy with this scenario. There's been an adjustment to the recognition of black competence on the theatrical stage and on the athletic field, but there is not yet respect for and appreciation of the possession and display of mental prowess on the part of blacks in medicine. I must remain humble, but strong and willing to stick my neck out if I think I'm right. If this upsets white docs, I guess that's just the way it is. In addition to all the challenges of my work responsibilities, I've got to concern myself with the white man's reaction to me. Even though this is a bit of a burden, it's also interesting.

October 14, 1966
I had my first encounter with the treatment of a VIP, a full colonel with bicipital tendonitis. Everything went smoothly to my satisfaction, but we'll await results. It will be good if he's helped "for all concerned."

He was referred by a white medical officer who has confidence in me. I'm probably the first black doctor that this colonel has ever seen or heard of, or at least that is the way it seemed. He was awkward, nervous and defensive. I wanted him to do well for his own good, the referring doc's good and for the good of his own education so that he'll be comfortable when he meets his next black doc.

The tendonitis cleared in several days on a nonoperative treatment program, which included a local cortisone injection.

Black doctors in the United States are pretty rare, only about 3 percent of all physicians. In Vietnam, I guess we are probably more like .3 percent. So the word spreads.

November 8, 1966
Realized today that my work at the leprosarium may be the only truly gratifying involvement for me.

December 19, 1966
I'm the only child of a widowed mom, who has no relatives other than an older sister who lives in another city. (My father, who was a physician, died when I was eight years old.) Thus a successful, difficult-to-achieve phone connection to Mom out of this war-torn country is worthy of a journal entry. She seemed happy. It was good to talk with her. We both put forward the upbeat perspective in hopes of making the other feel good and not worry.

January 25, 1967
The 85th Evac Hospital in Qui Nhon has a special ward. It's a full unit of about 30 beds in a Quonset hut, equipped with air conditioning and staffed like all the rest, except for two additional personnel: guards.

This ward is for the care of wounded Vietcong. But they are primarily patients and secondarily prisoners. We are instructed (ordered) to provide the same care to them that we provide to our own troops and allies. This is not so difficult to do as a doctor, but when we put on our "lay American hat," it is sometimes very disconcerting and irritating. We read

that it takes something like $385,000 to kill each Vietcong; so we have to ask ourselves how much is spent in our hospital keeping them alive.

Here is yet another irony or paradox of this war. This apparently human activity had at least three purposes. One purpose is that in a military insurgency, people, politics and propaganda can be as crucial as the firepower; so this POW ward is good for the counterinsurgency. The second purpose is that well-treated and rehabilitated wounded POWs are good negotiating chips. The third purpose is that these POWs can provide useful information.

February 3, 1967
Today I had one of the most intense, interesting and authentic educational experiences of my entire sojourn in this forsaken land. I spoke for about 45 minutes with a VC sympathizer on our POW ward.

He is a 22-year-old French-educated math teacher who had become sieged with emotion, picked up an AK-47 and had joined his comrades in a fire fight against one of our platoons. In the process, he had literally gotten a substantial portion of his behind blown off.

"You people are the aggressors," he asserted in good English. "We're just trying to liberate our country. I'm not a Communist; I don't really care about Communism."

I asked him the provocative question, "But aren't you guys letting the Chinese in to help you?"

He became agitated and, almost yelling, said that he didn't care about Communist China or communist anything. "I just want to liberate my country, unite my country, and get all you intruders and our traitors out of here." He said that the Ky (Nguyen Cao Ky) government and its supporters are not loyalists but traitors, that they had fought with the French against the Vietnamese people.

He continued: "We will win because the great majority of the people support us, the liberators. There's another reason we'll win. It's because you're here fighting merely to save face and win a politically strategic point. We are here to win this struggle because we must have our country survive. We are each fighting for survival. We are at the bottom and have no way to go but up. This fact gives us much patience and makes us hard firghters who take big risks and frequently surprise you."

February 8, 1967
From my living quarters to the hospital compound is a two-mile drive and another half-mile to our orthopaedic work area. On the road inside the compound, I drove by a large Confederate flag that was taped to the side of one of the Quonset huts. I noticed it, and thought briefly about it. Found it a bit annoying but did not analyze it further, perhaps subconsciously hoping that it would not be there the next day.

February 9, 1967
Driving to work again after some long late night/early morning hours of wound debriding of three casualties the night before, I saw that big Confederate flag again! Without much thinking or planning, I stopped the jeep, jumped out and headed into the hut with no idea of who or what was inside.

I approached the corporal inside. "Say buddy, whose flag is that plas-

An Oasis of Human Kindness

On Saturday mornings, we could anticipate a significantly different medical experience from what had become a monotonous and somewhat depressing routine of looking after missile wounds and their injuries to body and mind. On Saturdays, one or two of us "did surgery" at the St. Francis Leprosarium, seven miles away.

Here we would deal with one of nature's most infamous, mystical and crippling maladies. Leprosy is a disease with a gradual onset and long contracted course. It somehow gives its victim time for more acceptance than the unfortunate soldier, who may be transformed from a vigorous paratrooper to an invalid in a matter of seconds.

When we arrived, the gatekeeper would recognize us and remove his tattered, old brown felt hat with what was left of his two hands, smile and say "*Chow Dung Boc Si,*" hello doctors. He would open the latch on the swinging gate and limp briskly as he pushed it open for us. There was an atmosphere of peace and serenity inside the leper colony, and the 12 sisters who ran it perpetually radiated a euphora of hope and happiness. We drove up the immaculately swept sandy road, arched by pine trees and lined with beautiful little pastel-colored dwellings straight out of a childhood fairy tale.

Sister Valiran would meet us at the infirmary. She was English, always cheerful, and full of worthwhile comments and suggestions. She was a nurse by trade and had an excellent grasp of the clinical nature of leprosy, having spent 13 years in Ceylon caring for lepers before this.

Leprosy is caused by a bacterium that primarily affects the skin and nerves to the arms and legs, particularly the hands and feet. Muscles are weakened or paralyzed, and there is often a loss of feeling, consequently no protective

tered on the outside of the building?" He responded, "Don't know, sir. I think it belongs to Specialist Barnes or Sergeant Young." "Who's in charge here?" I demaded. "The Motor Sergeant." "Where's he?" "Over there."

I moved over behind the counter, headed toward the sergeant, still not having introduced myself. "Say Sergeant, whose flag is that?" "Belongs to the motor pool." Then I began to speak and in some order yelled the following points. "That's the wrong damn flag! That's not the flag that I came over to this God forsaken place to fight for. Let me tell you—I don't know what that flag means to you, but we're supposed to be here fighting for freedom. That flag bugs me. To me it symbolizes slavery not freedom. I can't stand to be greeted by that flag every morning when I come to work for America. Sure would appreciate it if you'd take it down."

I was angry but I was also frustrated and hurt by the poetic irony of the fact that I and black Americans of previous generations have contributed to every war our country has engaged in and yet this antithetical freedom flag may be presented to us anytime, even when we're in uniform in a combat zone. The sergeant said that he'd take the flag down. I drove by 15 minutes later with my molotov cocktail and it was gone. No, just kidding, I drove by quietly 15 minutes later and the flag was gone. It never returned.

February 20, 1967

We should not really ever be surprised by what happens in wars. We should be disgusted, shocked and appalled but not surprised by any type of inhumanity. You learn as you listen that normal human values erode in wartime to varying degrees.

Tonight I spoke with an injured 19-year-old trooper who had both legs mangled, but not amputated, by a mine injury. He also had a severe hand injury.

"How's my hand, doc?" he asked.

I thought I was temporizing skillfully when I replied, "You'll certainly be able to use your head, but you won't have to go back into combat with a hand like this."

He started crying. When he calmed down and I talked more with him, it was apparent that he liked the combat experience and he was crying because he would not be able to return to it. This characteristic was not the monopoly of any race, religion or ethnic group. The troopers would talk about fire fights with the enemy and close hand-to-hand combat like they would an important high school football or basketball game.

But I continue to work hard and sit sadly at the delta of a river of blood and wonder why.

March 21, 1967

One can summarize many days as follows. I was simply bored sometimes because even though there were lots of things to do, I was not free. I was imprisoned in Vietnam for one year with some vacation leave and R&R. But compared with other wars, when there were no vacations and you stayed 'til it was over, I should not complain.

But there's the sad and ever-present theme of the irony of human lives needlessly lost or compromised. There is the ever-present intrigue of the military, the heroism, humor, stupidity, the adventure and excitement.

Medically, we found that our hands and even to some degree our minds

photo by Augustus A. White III

mechanism in response to pain. The wear and tear is further accentuated by imbalance and inordinate stresses that come from having to walk on only one part of the foot.

Most of the people that we treated surgically had reconstructive procedures of the lower extremity—often tendon transfers about the feet and lower leg to correct "drop foot" deformity. Other surgical procedures needed were removal of bony prominences underneath ulcers, which had developed due to lack of pain sensations. Sometimes it was necessary to amputate the toe or a part of the foot that was beyond salvage.

could work well on automatic pilot after some time as a military surgeon. After working 24 to 48 hours, you could sometimes debride a wound almost without thinking.

The work at the leper colony gave me the opportunity to exercise the missionary zeal that is probably at least some part of all of us in medicine. There's time to enjoy friendships, plan and attend parties, write letters, read things you've always wished you had had time to read. Yes, you've got time to complete reading and outlining Campbell's textbook of orthopaedics in its entirety. You'll be ready for your board exams.

When you're busy, you simply do what has to be done as long as it's necessary. This may mean two or three hours of surgery or two or three days and nights of surgery. When you're not busy, you never know when you may become depressed, scared, worry that you'll never come out alive, or mad as hell about the irony and futility of it all.

I sit sadly at the delta of a river of blood and wonder why.

July 17, 1967

Early this afternoon I got word that they were asking for an orthopedist to go on a rescue mission. A trooper had fallen on the mountainside in a nonsecured (but supposedly not very dangerous) area and had broken his femur. They needed an orthopedist to properly splint and transport him to the hospital.

Here I am with one month to go in this place and am considering this volunteer mission. Perhaps there was something in the orthopedic specificity of the mission. Perhaps I wanted the thrill of a bit of heroism. Before I knew it, I'd picked up some splints and jumped into the back of the ambulance.

We drove rapidly over some roads and rough terrain, and the ambulance made it to the mountain and one-eighth of the way up the mountainside. The patient, I learned later, was about 70 percent of the way to the summit.

There were four troopers stationed between the ambulance and the patient, each trooper about 100 yards apart with the fourth about 100 yards from the patient. It was like a relay team, and I was analogous to the baton, only I had to run up the mountain under my own steam, guided by one trooper to the next.

By the time I reached the patient, dragging a Thomas splint, I could hardly stand. After a few minutes of rest, with the help of a medic, I applied the splint. We then lifted the splinted, stretchered patient off the ground into a hovering chopper. The slope of the mountain was such that the craft could not land; moreover, as the chopper hovered in close enough for us to get the stretcher up into it, the rotating blades were no more than 2 1/2 feet from the mountainside.

If it had hit the side, the chopper could have chopped up itself and all of us in an explosive crash. I was so awed and impressed by the skill, courage and dedication of that crew that I later wrote an after-action commendation report. There's a lot that could be written about the heroism and skill of

Surgery was done in a small room with no windows, ventilated by a 12-inch electric fan. It contained a sink, a counter on which instruments were placed, a supply cabinet, and a small army field-type operating table. For light, a simple coil and socket with a reflector was used. An old generator, which functioned sporadically, supplied the electricity. Usually three or four patients were operated on in a given day.

I will never forget lunch with the sisters at the leprosarium. Meals were delicious and graciously served in family style, usually by Sister Carmela, with such warmth and radiance. This part of the day—of the week, of my tour in Vietnam—was always something I looked forward to with enthusiasm.

As we bumped along in the truck or jeep back to the military hospital, I would reflect on what motivated us to come here to the leprosarium in this nonsecured area. Is it corny to say missionary zeal? Probably all who aspire to a career in medicine, nursing or the allied health fields are inspired by something akin to a missionary instinct, or at least by concern and empathy for others.

At one end is the well-publicized cold, calculating scientific specialist who sees his patient as a talking liver, kidney, or a beating heart. At the other end of the spectrum there are the Sweitzers and the Dooleys. Somewhere in this spectrum are the military personnel who ventured to this leper colony twice a week, seeing pre- and post-surgical patients on one-half day, and operating on Saturdays. Just to be associated with this humanitarian activity was most fulfilling.

When my date to leave Vietnam was established and the clinical work was turned over to another volunteer surgeon, I went to St. Francis to bid the sisters and the patients a final farewell. The Mother Superior expressed her gratitude and I talked with each of the sisters. It was decided that I would go to the ward to say goodbye to the few patients who were currently on the ward.

As we approached the ward, it was as if people were coming from out of the jungle, the rooms and the walls! I finally realized that here was just about every patient that I had seen in the course of all my visits the past year. They limped or hobbled along on crutches, some with friends or family, and entered the ward smiling.

John Noel, a French-Vietnamese ex-pharmacist who had been on the ward the

the chopper pilots in Vietnam.

Going Home, August 7, 1967
Intense emotions of gratitude prevail as I am alive and physically whole. There are some emotional wounds, but I believe that they will heal. I have the expected guilt of a survivor. Stronger than the guilt is the depression and sadness that goes with witnessing all the human suffering that is so very real to me now.

There's anger and the frustration that comes from the conviction that the war was a misplaced, misguided effort. But I am proud of the job I did. I know that I used my training and energy well and that I made a strong positive contribution to my country, my race and to my fellow human beings. I had some good laughs, some good fun and I grew and developed as a person and as a professional. I've begun work on three papers for medical journals.

When I got off the plane in Seattle, I stepped off the last step, kneeled down and kissed the ground. This was an emotionally charged way of expressing the joy and gratitude for being able to arrive home alive.

Epilogue
March 11, 1989
Impressions on visiting the Vietnam Memorial in Washington, DC. The wall starts out very low, with only one line of names. This seems to symbolize the beginning of the war with just a few deaths. The wall then rises high and as many as 130 names are listed on the imposingly beautiful black marble slabs. This symbolizes the escalation and sustanance of the war and the dying. The marble slabs gradually become lower as you walk along the wall. Finally, it goes down to just five names at the very end of the list and of the war. The undulation of the wall represents the cycle of wars as well as the cycle of our hopes and our resolve for maintaining peace.

I think back to my visit to the Alamo in 1966. Here, years later, the Vietnam Memorial does include the first and last names of African-Americans who died. Have we made progress? Well, maybe. In the Alamo it was John Negro Boy (incidentally, that plaque has been changed to read John, Negro—the "Boy" is no longer there), President Truman integrated the U.S. military, and now full names are listed on the Vietnam Memorial. However, let us not forget: the black population in the United States is about 11 percent; blacks who died in Vietnam in the early years, 1965 to 1967, were about 22 percent. (The percentage dropped to 17 percent in the 1970s and declined to 19 percent by the end of the war.)

All these names, these Americans of all types, died in so many different ways, which we'll never know. They suffered in so many ways, which we'll never know. Their families, their friends, their communities suffered in so many ways we'll never know. Yet we do know of much too much of the suffering from this war, then and now.

As the setting sun shines on the memorial it becomes a kind of mirror as one looks at it and sees those of us who are still alive reflected in it. We become one with the memorial. The mirror makes us face ourselves and gives us back to ourselves. We become part of the whole tragedy. When we walk away, the names and the finality of death stays—and so does a part of us.

I've been here for over an hour; it feels more like 15 minutes. I'm simply walking away now and taking my reflections with me, leaving a big part of my soul, and as much hope as I'm capable of generating.

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whole year, then presented a touching, well-worded thanks on behalf of all the patients. He expressed his thanks to the American people, the military, the local hospital and to me and the other surgeons who helped, as well as the nurses and many others who had volunteered their services. Bestowing good wishes and God's blessing, he promised prayers by his people for our country and the people who had worked on their behalf.

As he spoke, I looked around the room into the warm, hopeful faces of these physically unfortunate people and felt aware of the richness of their spirit, and the depth of their wisdom, gratitude and understanding. When I left that day, I wondered who had benefited more at St. Francis, the helped or the helpers.

—Augustus A. White III

In the Shadow of War

by Geoff Greenfield

"WHAT ARE YOU WRITING, ABBA?" MY son asked me, peering over my shoulder onto the computer screen.

"I'm writing an article for my medical school magazine about the experience of being a doctor in a war zone."

He looked puzzled, thought a moment, then asked. "Abba, I thought you said you didn't serve in Vietnam."

Clearly he didn't automatically think of his homeland as a war zone, or his country to be a nation at war. This is my feeling too and, whereas I obviously speak only for myself, I am certain that this is the feeling of the great majority of Israelis. So, I feel a little uneasy writing about this.

No doubt one reason for my being asked is the common perception of Israel that prevails abroad. I suppose that if I did indeed live in the Israel according to the *New York Times* and *Newsweek* magazine, I would bite the nails off the fingers of one hand, keep a grenade always ready in the other hand, and quadruple the benefits of my life insurance policy. The truth is, the real Israel is a country far more fundamentally tranquil than the one I left. It is a country living in qualified peace, but continuously pursuing a more perfect peace.

Yet, as everyone knows, Israel has known war. Since the establishment of the state in 1948, Israel has fought five wars, and in the Gulf War of 1991 we were constrained to be the passive victims of a sixth. We experience a lurking threat of war should any of our neighbors again choose war as an instrument of foreign policy. In this sense, the memories of war and the distant possibility of renewed war are part of our national experience.

My wife, Tzvia, like all *sabras* (native Israelis) of her generation, is no stranger to war. One of her uncles was killed in action in the War of Independence in 1948. The air-raid sirens marking the outbreak of the Six-Day War in June 1967 caught her teaching school several kilometers from her home in Jerusalem. Dodging snipers' bullets and taking cover at the sound of incoming mortar shells, she saw each of her pupils safely home and then, in the relative safety of nightfall, made her own way home.

Thirty relatives who lived directly under Jordanian gunfire at the eastern border of the city took refuge in her family's three-room apartment. They spent the six days huddled together amidst the sounds, often close, of crashing shells and automatic gunfire. Sporadic and incomplete radio bulletins gave little information regarding the progress of the fighting. A jagged hole in the heavy steel window trellis recorded the moment when a stray bullet crashed into the living room, fortunately striking no one. The capture of the Old City and the sudden cessation of hostilities came to all as a bewildering and exhilarating surprise.

Tzvia and I met while I was studying in Israel during a two-year leave of absence from HMS. Following our wedding in June 1973, we moved to Boston, where I began my fourth year of medical school. Soon thereafter, in October 1973, the Yom Kippur War broke out, followed by the interminable war of attrition along the Suez Canal. Tzvia and I lived during those awful months under a constant pall of depression mingled with guilt. There were hundreds of Israeli dead and wounded. Any visitor to Israel in those days could scarcely fail to notice on the streets the great numbers of wheelchair-bound veterans, others with prosthetic limbs lucky enough to ambulate on crutches, soldiers with grotesque faces gnarled and whitened with burn scars. There was hardly a family in Israel that was not directly affected by the war. Meanwhile, we were sitting safely and comfortably in Boston.

Some of our American friends actually dropped what they were doing and

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went to Israel to volunteer in hospitals, undermanned factories and in fields vacated by the mobilization. I admired them, and asked myself why I shouldn't go myself. I didn't go, but I am today as then uncomfortable about the decision. For to be Israeli is to be not just part of a country but part of a people. You relate to what happens in the country the way you relate to what happens in the family. There's no remaining aloof.

We returned to Israel as immigrants in 1981. New immigrants are given a three-year deferment from military service. So throughout the war in Lebanon, which broke out in summer 1982, I remained a civilian. But I performed my citizen's duty, along with hundreds of thousands of other Israelis, by protesting against our participation in this conflict.

The war was the first in which the army did not have a purely defensive role. The Israeli army is called the Israel Defense Forces, specifically to emphasize that defending the country from attack is its only legitimate function, not to serve a misguided aggressive foreign policy. Israeli casualties were relatively light, but the enormous Lebanese casualties and the burden of prosecuting a war widely felt to be unjust left deep scars on the national conscience.

After the war in Lebanon I was inducted into the army. The experience of being drafted is one shared by relatively few of my contemporaries at HMS, and is one no one should envy. Nonetheless, it was a most educational experience, often annoying, usually ridiculous, but one that I would never have passed up, even if the draft board would have let me.

My experience was probably typical of most armies, but in some ways unique to the Israeli army. In addition to its obvious role of defending the country, the Israeli army has another central function: it is the great social leveler, the institution where all Israelis, regardless of cultural or socioeconomic stratum, meet on common ground. Practically all Israeli men and the great majority of women serve in the army. Men, following their initial period of service, continue serving in the reserves until age 50.

You relate to what happens in Israel the way you relate to what happens in the family.

I was drafted with about 60 other men in their late 30s and early 40s, all recent immigrants. It was a motley group—Russians, Romanians, a Hungarian, a few Ethiopians, French, Chileans, Argentineans, British, Australians, South Africans, Canadians and even a few Americans. Represented were manual laborers, farmers, physics professors, a violinist in the Jerusalem Symphony, assorted lawyers and doctors.

Most of the Russians were veterans of the Red Army. They told the best jokes, most of which are not fit to print on these pages. They also told some great yarns about their experiences in the Red Army, which made me grateful I was only serving in the Israeli army.

The experience of being part of a middle-aged, pot-bellied, polyglot platoon ordered to march around in dubious formation by an aging, scarred, half-demented drillmaster and a sergeant young enough to be my son all would have been humiliating and infuriating enough had it not been so ridiculous. The only possible reaction was to laugh. But I also learned the basics of military discipline and how to handle firearms, necessary skills in times of war, and acquired a begrudging respect for the army, its officers, its methods and its goals.

After my basic training I was assigned to the reserves, and regimented to serve, like all Israeli men, roughly 30 days of duty a year. One of my earliest reserve assignments, well into the *intifada*—the protracted uprising of Arabs in the West Bank and Gaza Strip—was running a clinic in the Ketziot detention camp in the Negev desert for Arab prisoners. It was not a pleasant assignment, but the *intifada* itself is unpleasant, and thus the need for Ketziot. I learned that Israelis are very reluctant jailers, but humane ones (I say this as a veteran moonlighter at the medical clinics of Riker's Island prison in New York City).

There are few less popular assignments in the reserves than Ketziot, whether you're a guard, a military policeman, an MD or a medic. Everybody hates it, but they do an unsavory job well. I was looking for instances of physical abuse by the prison authorities, but found none. (The only incident of physical violence I encountered was the case of a prisoner beaten senseless by his fellow Arab prisoners.) There was enough verbal abuse, but generally provoked.

The prisoners got plentiful, wholesome food, adequate clothing, and cramped but clean living quarters. Soldiers and prisoners alike slept in tents. The prisoners were allowed a remarkable degree of autonomy; they cooked their own meals, organized exercise groups, study and prayer groups. They also received good medical care, some for pre-existing conditions that finally came to medical attention, for which I could see they were grateful.

In August 1990, Saddam Hussein invaded Kuwait and the Allies soon began their build-up in Saudi Arabia. In Israel the government's campaign began to prepare the populace for a possible chemical weapons attack against us. This included the distribu-

As air raid sirens scream in Jerusalem, a woman kisses her five-year-old daughter through a protective hood. Photo by Jim Hollander, Reuters/Bettmann.

tion of gas masks; instruction in the preparation of sealed, gas-impermeable rooms; drilling of school teachers and pupils in rapid evacuation; and instruction in signs and symptoms of organophosphate poisoning and how to properly use the automatically injecting, pre-measured, atropine-containing syringes that accompanied our gas mask kits.

In addition, all conventional bomb shelters had to be brought into working order. We had to make sure lights worked, drinking water tanks were clean, and that the plumbing was functional. The public received this campaign with an admirable measure of calm and cooperation, but also a significant measure of skepticism. Was attack really likely enough to require such expensive and elaborate measures? Maybe the measures weren't elaborate enough? Were the gas masks of sufficient quality? Were they distributed prematurely, provoking unnecessary public anxiety? These were the questions aired by citizens chatting on street corners and by journalists on editorial pages.

Altogether the public mood was somber and apprehensive; the nerve-racking part of our situation was uncertainty. Would the Allied build-up suffice to deter Saddam? Would the Allies actually attack? Would Saddam drag us into the conflict? How many scuds did he have? Were they accurate? What kind of warheads would they bear? Just how dangerous were these chemical weapons? How large a radius from the point of impact would be affected? Would it be better to seek shelter on an upper story to avoid the poison gas—which being heavier than air, hovers close to the ground—or in a conventional shelter in the basement? These were the questions we asked ourselves endlessly every day, but there were no answers.

My reserve army unit was called up to participate in a five-day course in diagnosis and treatment of victims of chemical and biological warfare, and we were drilled in techniques of emergency field care, triage and evacuation. It is a grim subject.

At home, like every other household in Israel, our family prepared our "sealed room." Its main ingredient was lots of stout masking tape applied to all seams of the windows, plus criss-crossing the glass to prevent shattering. The door leading to the rest of the house had to be sealed as well—the two vertical and upper horizontal margins with masking tape and the space between the lower edge of the door and the floor by a wet towel.

We stocked the room—our boys' bedroom—with some bottles of water, a little food, a battery-run radio and, of course, our gas mask kits. Sealing the window was major pain in the neck. Once the window had been sealed you could no longer open it without disrupting the half-mile of tape you'd already applied. So that room remained, for an indeterminate future, unventilated—sacrificed to the cause. When you had to pull off the tape for whatever reason, the paint came off the window frame too. Tape removed from the panes inevitably left unsightly brown streaks, which could only be removed with acetone.

Would we ever need this room? Was it worth all the hassle? Little did we know then how well we would get to know that room.

On January 15, 1991 the Allied bombardment of Iraq began. The following night we got our first visitation from Saddam. In the dead of night the air raid sirens suddenly and deafeningly began wailing. We were all familiar with the steady, sustained call of the sirens marking the beginning of Holocaust Day or Memorial Day. But this rising and falling wailing was new. It was for real. Tzvia knew it from 1956 and '67. It is a frightening sound; its message is urgency, uncertainty and mortal danger.

I was the first to wake up. At first I thought I was dreaming, the sound was so eerie and unfamiliar. Suddenly its significance burst upon me. I woke Tzvia and together we woke the four older children and carried the youngest, still sleeping, into the sealed room. While Tzvia helped fit the dazed, half awake children with their masks, I fetched a telephone, brought in the dog (the calmest creature in the room that night), wet the towel, closed the door and sealed its edges, and rammed the wet towel into the space between the door and the floor.

I put on my mask and tested it for air tightness. The plug covering the opening to the mask's air filter had to be removed. Our youngest, then seven years old, had a leak in her mask. She was frightened and crying. I calmed her, then gently refitted the mask, pulling the straps behind her head as firmly as I thought she'd tolerate. The seal worked. She looked apprehensive, but she had stopped crying. We were spared the ordeal of putting an infant into the specially designed gas-proof tent. Most infants, frightened and isolated from their parents, screamed incessantly.

The older children were now fully awake and doing well. As a result of their school drills, they succeeded in putting on their masks quickly and efficiently. They were joking around, posing for each other in their new costumes. One suggested we take a family photo.

Making yourself understood through a gas mask is very difficult. Speech sounds come out muffled and garbled; this added to their mirth. The mask, with its great round goggle-eyes, protuberant conical snout, crowned by the bagel-shaped filter, produces a face blending the finest features of a the domestic pig and the pterodactyl.

I removed the automatic atropine syringes from the kits and placed them on the table, ready for use. In the course of the Gulf War there were numerous incidents of panic-stricken people injecting themselves unnecessarily, but to my knowledge no one died of atropine poisoning. There were a few tragic deaths by suffocation, especially among the elderly. In panic and haste, disoriented persons

put on masks without first removing the filter plug, then struggled unsuccessfully to pull the mask off. More died this way than from Saddam's scuds.

We turned on the radio. "There has been a missile attack on Israel," announced a matter-of-fact voice in Hebrew, seemingly prerecorded. "Everyone must proceed at once to the sealed room, put on the gas mask, and wait there for further notice." The message was repeated in English, French, Russian and Amharic.

Then came the businesslike, energetic voice that would become our familiar and welcome companion in the month of nights to come—that of Nachman Shai, radio spokesman for the army. "Rise and shine! Everybody masked and sealed? Doesn't Saddam have any better way of amusing himself at 2:00 AM?" he'd say, or some such banter. Having struck an optimistic note, he'd proceed to fill in some details: a missile or missiles had indeed fallen, how many or where they'd fallen was yet to be determined. Meanwhile, here's some popular music. Keep calm, stay in the sealed room and don't remove your masks. Await further notice. Then some innocuous music.

We waited for what seemed forever. At that first attack, the army had not yet streamlined its procedures for gathering information in the field, conveying it to the radio authorities, and broadcasting instructions to the populace. What took 5 hours that first night took only 15 to 20 minutes in future nights.

After perhaps an hour, during which time the tranquilizing voice of Nachman Shai alternated with the inane music, a couple of the children had fallen asleep with their masks on, a feat I never was able to master. The older kids played charades or played with the dog. The wait was interminable. The silence was eerie. We hadn't heard the shriek of a missile or an explosion. Could a cloud of poison gas be creeping upon us noiselessly?

The wait was interminable. The silence was eerie.

All kinds of morbid thoughts streamed through my mind. The arm of one of the children twitched. Was this the first sign of organophosphate poisoning? I looked to the table where I had readied the atropine syringes in a neat array. Had the time come to use them? I was seeing double. It was 3:00 AM. Was I only fatigued, or was I too being poisoned?

I had plenty of time to contend with my jumbled thoughts. Three hours dragged on. There was no definitive news. Finally at about 5:00 AM the news came that a single scud missile had fallen in the central part of the country. All inhabitants to the north and south of a swath stretching from Tel Aviv to Jerusalem could remove masks and leave the sealed rooms; we in Jerusalem could remove masks but had to stay in the rooms; those in the greater Tel Aviv area had to keep their masks on—the missile had fallen nearest to them, and the nature of the warhead hadn't been determined.

Tzvia's mother, sister, two brothers, and their fifteen children and scores of relatives all live in the Tel Aviv area. Visions of whole housing tracts with rooms full of corpses and the twitching dying filled my head. We didn't know what we'd hear next. The silence and the waiting were almost worse than any news. Finally came the news we were hoping to hear—we were all released from masks and sealed rooms; a single conventional warhead had struck a residential neighborhood of Ramat Gan, a suburb of Tel Aviv; there was considerable property damage but few if any casualties.

We grabbed the phone. All lines to Tel Aviv were jammed. We dialed again and again. Were they okay? We finally got through; they were fine, but shaken. The scud had fallen just a kilometer from their apartment; the scream of the missile and the impact had been ear-shattering; windows splintered with the blast. But all were well. "Thank God," we said, "*Baruch Hashem*."

That was the first of the soirees we enjoyed thanks to the largesse of Saddam. We were to enjoy over 30 more.

The photos in the morning papers told the story more graphically—mangled, crushed buildings, bedrooms exposed as hunks of walls were torn away; children's toys and dismembered refrigerators amidst the rubble; stunned pensioners staring blankly at the ruins of their homes. But miraculously there was not a single death.

We in Israel are used to miracles. That is to say we have come to expect miracles, since our very survival as a people and as a nation is miraculous. Still, they always dazzle us and we never can stop talking about them.

Of all the subsequent nights we spent in our sealed room, none was so nakedly terrifying as that first night. The army and the radio network became much more efficient in determining the site of impact, ascertaining the nature of the warhead and informing the populace. Also, it soon became evident that Saddam was aiming primarily for Tel Aviv and that he was unable or did not dare to equip the scuds with chemical warheads. Of course, we had to face each night the same awful uncertainties. Would there be casualties? Would our family be among them? But the chaotic, radical uncertainties of that first night, the horror of contending with a danger the dimensions of which were entirely unknown, never returned.

The population of Israel bore up very impressively under the strain of those weeks. Some Tel Avivans fled the city, but only a few. By governmental decree, nonessential industries were closed and people discouraged from venturing out unnecessarily. The

resultant economic dislocation was substantial. But as soon as the authorities saw fit to loosen these constraints, people returned quickly to a semblance of routine. For sure, mental health facilities were swamped and ERs filled with patients with imagined symptoms of poisoning. But generally speaking the public mood was calm and sober.

From the very first days of the war there was called into action the weapon that has served the Jewish people so well in every adversity—the ability to laugh. A whole genre of Gulf War jokes emerged overnight. Everybody knew them; they became a sort of immediate national treasure.

At one time, like all Israelis, I knew dozens. Unfortunately I've forgotten most of them, but here's a sample of the few I remember: "Did you hear that the property values at H-2 (one of the areas in western Iraq from which the scuds were launched) have shot up in recent days?" "Oh really? Why is that?" "Because it's only five minutes from downtown Tel Aviv." or "After you hear the air raid sirens, don't worry; you have plenty of time to get to your sealed room." "Why is that?" "Because although the scud may get to Tel Aviv in five minutes, it will still take it half an hour to find a place to park."

The children generally did very well. The schools were closed for the first two weeks, an edict they didn't exactly oppose. They were not supposed to venture outdoors much. But as it became evident that Saddam was firing his missiles almost exclusively at night to avoid Allied detection, it became hard to enforce this rule.

All citizens were exhorted to carry gas mask kits wherever they went. It was a macabre sight indeed to see little kids tooling around on their bikes with training wheels, with their gas mask kits slung over their shoulders. Somehow the kit, the omnipresent reminder of unrelenting danger, became a normative part of our lives. When the schools reopened, the kids would leave the house slinging on their school bags and their gas mask kits with the same routine, unthinking gesture.

Throughout the war it was not difficult to see that the Almighty had been very kind to us. The Allied bombardment and invasion crippled an Iraqi army, which eventually we would probably have had to face ourselves, possibly alone. Only later did we, the public, appreciate just how colossal Saddam's arsenal had been, both in conventional and unconventional arms. Only then did we appreciate fully what we had been spared. Our casualties had been mercifully light. If you'd seen the devastation caused by a single scud falling in a crowded neighborhood, and kept in mind the fact that 39 scuds fell on Israel in the course of the war, it is amazing that only 12 people were killed. Little solace to the families of the victims and to those who lost their homes and possessions. But, objectively, we escaped cheaply enough.

But the war did scar us in other, less visible ways. The exigencies of our alliance with and dependence on the United States obliged us to adopt a passive and humiliating role, receiving blow after blow without the freedom to retaliate speedily and forcefully, as has always been the policy of Israel. Although we hold no illusions regarding the sentiments of our Arab neighbors, one might have hoped that confronting the same peril and being joined formally in alliance might have brought them to concede sharing with us some common ground. Not so. Whereas we cheered as we watched CNN coverage of American Patriot missiles shooting down scuds that were zeroing in on Riyadh, we learned that not a single foot of film depicting the devastation of Tel Aviv was ever shown on Saudi television. This fact of course should surprise no one. Still, it was a bleak reminder of the state of our relationship with our neighbors.

More disturbing was the behavior of our genuine friends. When the first scuds hit Israel, the European allies seemed suddenly to realize that the perilous predicament of the state of Israel in the Middle East wasn't just the figment of our own paranoiac imagination, the invention of the "Holocaust mentality." The photos of West Bank Arabs waving placards bearing the face of Saddam, their savior, and those cheering from the rooftops as scuds sped in, anticipating the imminent destruction of the Jewish state, seemed to give Western leaders and the press cause to reconsider their conventional identification of Israel as aggressor and the Palestinians as hapless victims. The PLO revealed its true colors. By allying itself with Saddam, said the European diplomats, it had forfeited any legitimate role in the post-war Middle East order.

These were the politically correct attitudes during the war. They survived the war by approximately one week. The mortal danger that we had bravely confronted, our losses of life, our "admirable restraint" in refraining from retaliation in order not to jeopardize the alliance, the alignment of the PLO and the Palestinians squarely behind Saddam—all were quickly forgotten.

All the old attitudes returned with new vigor. And so we Israelis left the Gulf War behind us to return to the ongoing war of sorts—defending ourselves from our enemies and justifying ourselves in the eyes of our friends. It's not an easy burden to carry, but it's what we've known for a half-century and of necessity we carry it well. The day is hopefully near when we won't need to carry it anymore.

Geoff Greenfield '74 is a pediatrician in Jerusalem, Israel.

She Went to War

by Rhonda Cornum as told to Peter Copeland

Rhonda Cornum is welcomed by General H. Norman Schwarzkopf after her ordeal.

In the midst of the Gulf War between the United States and Iraq, a U.S. Army helicopter on a combat search-and-rescue mission was shot down over enemy territory. Five of its eight crew members were killed instantly; the other three were taken captive by Iraq's elite Republican Guard. One of those captured was flight surgeon Maj. Rhonda Cornum. Below are excerpts from her book about her experience:

I FELT SOMETHING BIG HIT THE aircraft and I knew it wasn't doing well. The engine strained and the fuselage shook and shimmied. Then Garvey yelled, "We're going in!" I was trying to make myself smaller on the floor during the shooting. The firefight probably lasted only twelve seconds, but there was a big adrenaline rush that made my brain work faster so time seemed slower. I remember having time to hold on, knowing we were going to crash. I was thinking, I wonder if this is it, is this the end? What will it be like? I don't even remember being scared; it was more like curiosity. I took hold of something on the door frame and felt the aircraft shuddering. We were still banked to the left when the left nose hit the sand, flattening, and then twenty thousand pounds of aircraft went end over end in a ball of flying metal and gear and spinning rotors. Everything went black.

I was wiggling around on my left side trying to get out and away from the helicopter when I looked up and

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saw four or five Iraqi soldiers standing over me. They were wearing good uniforms and helmets and carrying AK-47s, the Soviet-made assault rifle. They had a professional way about them, and I recognized them as members of the Republican Guard. One of them, without saying anything, reached down and grabbed my right arm. He pulled hard to get me up, and the pain shot through me and came out my mouth in a piercing scream. It wasn't even the pain that got to me as much as the sound: a crunching noise or the sound of grinding teeth, a sound not so much that I heard but felt. My arm was broken between the shoulder and the elbow, but it wasn't a displaced fracture. At least not until the Iraqi pulled apart the pieces of bone.

The men were talking among themselves in Arabic. I couldn't understand the words, but it seemed they were trying to decide what to do with me. A couple of them swarmed over me like ants, taking off my pistol, my survival vest with the radio, my flak jacket, and my helmet. I stood still, looking at the ground. When they took off my green helmet, my hair came tumbling down. That's when they realized I was female. There was a flurry of comment about it, and they talked louder and faster for a minute, but I couldn't understand them. I stared straight ahead, standing with my weight on my left leg since my right leg hurt when I tried to stand on it.

People talk about male bonding in the military and how female soldiers supposedly will disrupt unit cohesion. Real bonding, however, goes far beyond whether the people involved are two men or two women or one of each. It's much deeper than that. Going to war with a unit, risking your life with them, builds an intimate and intense relationship. The soldiers don't all have to be men for that to happen.

The night was still, and we could hear only a few muffled voices speaking in Arabic outside the walls of our little room. We were quiet mostly, glad for each other's company but content to lie there without talking.

"Ma'am," Dunlap said quietly, "you're really tough."

"What'd you think, I'd cry or something?" I asked with a laugh.

"Yeah, I thought you would."

"That's okay, Troy," I said after a while. "I thought you'd cry, too."

That was the first time I called him by his first name. It seemed like the right thing at the time. Maybe I wanted him to know I knew his name. Maybe I thought it would feel like a friend was there.

During the middle of the night we heard scuffling in the hallway and raised voices. Dunlap grabbed his blankets and scurried back to the other wall. People were walking up and down the hallway. I waited for the door to burst open, but it stayed closed. The next day, the translator told us that some people from the town were angry about the American bombing and had come for us. It sounded like a lynch mob, but there was no way to know if it was true, or if the translator was just trying to scare us even more.

The translator was the only one of the reservists at the party office who spoke English well enough to speak to us, and he talked all the time. Once we got past the military questions, the translator asked the question that every Iraqi seemed to ask me.

"Are you married?"

"Yes," I said.

"Do you have children?"

"No," I lied. I had heard stories from the POWs in Vietnam who said that their captors had tried to collect personal information to use against them as an emotional weapon. I also worried that if there were a pro-Iraqi terrorist operation in the United States, and its members knew I had a daughter, Regan might be in danger.

"Why don't you have children?" the translator continued.

"I don't know," I improvised. "I guess we're too busy. Bad luck, maybe."

"What does your husband do?"

"He's in the air force."

"Is he a pilot?"

"No, he's a doctor."

I never denied being married because it seemed like everybody in the Middle East over the age of eighteen was married, and I didn't think my captors would believe I was single. Perhaps I also was trying to appear less desirable to them. I could imagine myself being recruited for some Iraqi's harem, and that did not seem like a good plan. Mostly I wanted to appear normal, not unusual. They seemed to understand that it was possible, however unfortunate, that I was married and did not have children. They probably thought the only reason a woman would be in the army was that she couldn't have children.

After a short journey the bus rolled to a stop, and the guards marched us blindfolded into another building. I knew it was Tuesday, March 5, the seventh day of my captivity, and from the light I guessed it was about 9 AM. Once again, we were being moved to a new location. It seemed like every few hours I was being shoved on a bus to go from one cell to another. Maybe they were afraid of a rescue attempt. Whatever the strategy was, it was getting very tiresome. I was ready to stay put for a while. Someone removed my blindfold, and to my surprise I found myself standing in the lobby of a rather nice hotel. There were couches, a front desk, all very pleasant. I looked around and saw at least twenty other prisoners milling about in yellow suits just like mine. I was the only woman.

There also were a few Western civilians in the lobby, and one of them announced with a European accent, "You are safe. You are now in the custody of the International Committee of the Red Cross. It's over and you are going home."

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Destructive Decision Making

by Albert B. Crum

Ten commanders are summoned to a meeting with an "absolute" leader. All 10 are experiencing anxiety as they arrive for the meeting. Commander A's son is doing poorly in school; Commander B is worried about his health; Commander C is having domestic discord; Commander D has economic problems; Commander E is feeling pressured because of car trouble; and so on down the line of commanders, each with his everyday problems.

Except for one—one is feeling anxious because he is plotting a subversive action against the absolute leader. All believe they are acting very composed and nonobvious as they come into his presence. But however imperceptible their anxiety is to others, it is very perceptible to the absolute leader.

Which of the these commanders is at risk of being killed by the absolute leader? All of them are. For, as will become obvious by the end of this article, in certain crucial ways, absolute leaders through history differ from other human beings and from humanitarian leaders in how they process information.

It may be disturbing to examine a murderer because his thinking is so radically different, but if society is to be protected, the murderer needs to be understood. Also, if world peace is to be achieved, the absolute leader who seeks to conquer and rule others with great destructive force and awesome powers must be understood.

I have researched many pages of history in attempts to understand the absolute leader. Buried in these pages, modern and ancient, are unbelievably high numbers of deaths, unjustified by any moral human standards, which have resulted from the leader's methods of decision making.

My work with world leaders and people with humanitarian motives has inspired these studies of the abuses that can accompany power. For if those who are motivated to help humanity do not understand the thinking and pathological rationale that moves the absolute leader, they may be devastated and defeated.

Historically, we find that decisions that resulted in many deaths were frequently based on subjective feelings so fleeting that they were barely perceptible—almost mysterious. Those who worked with historical absolute leaders were exposed to an occupational hazard that few understood and few survived. Frequently this adversative reaction was drawn forth by some subtle sign of anxiety or apprehension from the victim. The absolute leader would reason, "Why is he nervous if he isn't making plans against me?" Many followers died because they naively felt they were protected by their devotion and innocence.

Consider how many commanders were personally ordered shot by Stalin—a typical absolute leader—because they triggered an adversative reaction in him. Stalin decimated the established ranks of those around him. First they were arrested and then usually killed.

> *In 1936-39, on the most cautious estimates, four to five million people were subjected to repression for political reasons. At least four to five hundred thousand of them—above all, the high officials—were summarily shot; the rest were given long terms of confinement. In 1937-38 there were days when up to a thousand people were shot in Moscow alone. These were not streams, these were rivers of blood, the blood of honest Soviet people.* (*Let History Judge*, Roy A. Medvedev, New York: Alfred A. Knopf, 1971, p. 239)

In addition, the ranks of his best known officials, trade union leaders, writers, artists and the intelligentsia were likewise wiped out the minute they came under suspicion.

How do absolute leaders make their decisions? How do they reason? As much as possible, I have used the

absolute leaders' own words to explain their decision making and the rationale behind it.

I have come to believe that the absolute leader feels that a direct relationship exists between a person's motive (however unconscious) and the outcome of that person's actions. Augmented by heightened senses and widened perceptivity, which we shall term "hyperperceptivity," the absolute leader reasons that it is unlikely that a negative outcome of a person's attempt to comply with his commands or laws is ever due to chance. When the absolute leader judges the motive of an individual, he looks first at the outcome. If there has been no outcome yet, he scans for more subtle cues that to him are indications of what the outcome will be.

The following scenario theoretically illustrates how this could happen and is based on accounts of how Stalin actually acted on an outcome.

A general has failed in battle. Immediately upon receiving this news, the absolute leader has him summoned from the front in the dead of night for a meeting. The urgency and gravity of the matter instantly establish great fear in the officer's mind.

The summons gives no hint of matters to be discussed. There is no direct verbal contact between the absolute leader and the general. Despite the fact that he starts immediately by car (plane travel is restricted because enemy aircraft control the skies), the journey takes at least 24 hours, giving him more time to worry. He well knows that a summons by the absolute leader is often a one-way trip.

The general thinks of all possible questions the leader might ask him. He resolves to lay his soul bare. He will explain everything. He will impress the leader with his complete knowledge of the front. He rehearses all possible details in his mind until they have a maddening ring.

When he arrives the following night at Volynskoye, it is 2:41 AM. He has not even stopped to eat. He is ushered into the presence of the leader by a waiting guard. He tries to detect something, anything, from the guard's face, manner or expression. There is nothing—only the customary formality.

The general now senses that he is in real life-or-death danger.

The general is then led into a semi-dark room that has only a light over the bare table where the absolute leader is sitting. The leader comes directly to the point in an almost absent-minded, off-handed manner. He simply asks the general the outcome of the particular battle that the general had been commanding. The leader then sits back and watches.

The general becomes terrified by the leader's penetrating and seemingly knowing eyes. Eyes—such as Stalin's were described—said to close like a bird's with the lower lids rising to meet the upper lids. Eyes that transfix and rarely blink.

The absolute leader is poised, confident, strong and self-assured. The general is restless, agitated and anxious. The question has been so simply and directly worded that the general is stunned.

The general tries to give explanations, such as the bad weather, poor troop morale, poor supplies, overwhelming enemy forces, a surprise attack, miscalculated enemy moves, shortage of ammunition, reinforcements that did not arrive on time or errors in the maps. But the absolute leader is not listening. He comes directly back to his original, penetrating and indicting question—what was the outcome of your battle campaign? The general anxiously and reluctantly admits the fact that he lost the battle.

The leader feels that if the general had been totally committed to victory, he would have taken all variables and all contingencies into account. If the outcome is a failure, he feels that it is not by chance, but as the result of the negative motives of the officer in command.

In the midst of the general's explanations, the absolute leader abruptly says, "That will be all." The general freezes, totally defenseless. The two men sit motionless for what seems to the general to be a terrible eternity. However, the entire interview has taken less than 10 minutes. If only the leader would break the silence, the general feels he would have a chance to talk again and explain more.

The frightened general rises from his chair to leave. There is no handshake, no parting word. The general now senses that he is in real life-or-death danger, but he does not know how to appeal or to amend the situation, nor does he know exactly how he is being judged, since he had so many real reasons for his failure.

Unless some unusual intervention alters the leader's feeling, the general will be banished for "loss of vigilance," or as an "enemy of the people," saboteur, adversary, traitor, rival or betrayer—and usually killed. Survival after a failed outcome was occasionally possible, however, if the absolute leader had a particular "liking" for a commander, or if he did not feel betrayal or cowardice was involved. In the words of Napoleon:

> *Be successful! I judge men only by the results of their actions.* (*Memoires d'un Ministre du Trésor Public, 1780-1815*; Paris: Guillaumin, 1898, vol. II, p. 520)
>
> *(Caesar was) lenient with ordinary faults of his soldiers...but he never overlooked mutiny or desertion and lack of courage.* (*Caesar: A Sketch*, J.A. Froude, 1921)

At certain times, if his distrust were not aroused, Genghis Khan would pardon a general who was defeated in battle. At other times, Genghis Khan would require the death penalty for

someone who arrived a few minutes late for the start of a military campaign.

Adolf Hitler essentially pardoned Herman Göring after his failure in the Battle of Britain, for there was a special feeling of "like" between these two men. Although Göring's Luftwaffe greatly outnumbered that of the British, he failed disastrously. Hitler postponed operation Sea Lion indefinitely, and Göring retreated to Carinhall where he hunted and socialized. Hitler overlooked many of Göring's deficiencies until Göring tried to overextend himself into Hitler's personal power. This was not forgiven.

Hitler recorded the consequences that Stalin required of those who failed (and he used basically the same approach):

> *...every commander of a unit who has not succeeded, in conformity with the orders he received, runs the risk of having his head chopped off.* (*Hitler's Secret Conversations 1941-1944*, Adolf Hitler, New York: Farrar, Straus and Cudahy, Inc. 1961; p. 66)

To this Hitler added his own feelings that soldiers should face greater certainty of death in retreating than in advancing, so that their motive to live should be used to drive them toward the enemy:

> *A unit that has fought badly must be sent back under fire as soon as possible. One can triumph over death only through death: 'If you retreat, you'll be shot! If you advance, you may save your skin!'* (*Secret Conversations*, p.74)

The absolute leader feels personally betrayed by a failed outcome, even when his grandiose plan can never result in a favorable solution. This was illustrated by Generals Paulus, Seydlitz and Schmidt in their attempts to rescue their armies from disaster at Stalingrad:

> *Again Paulus, torn between his duty to obey the mad Führer and his obligation to save his own surviving troops from annihilation appealed to Hitler....*
>
> *Troops without ammunition (he radioed on the twenty-fourth) or food....Effective command no longer possible....18,000 wounded without any supplies or dressings or drugs....*
>
> *Further defense senseless. Collapse inevitable. Army requests immediate permission to surrender in order to save lives of remaining troops.*

Hitler's answer has been preserved:

> *Surrender is forbidden. Sixth Army will hold their positions to the last man and the last round...*

An absolute leader also feels personal contempt and hatred for anyone who would allow himself to be taken as a prisoner of war, feeling that in so doing, the person similarly has betrayed him. To Stalin, this even included his own son:

> *Yakov, his first son, had died in captivity in Germany. Stalin had not lifted a finger to save him. He did not like prisoners of war; he felt that they were either traitors or deserters. After the victory, he had all such persons tried and for the most part thrown in concentration camps—Russian camps after the German ones.* (*The Death of Stalin*, George Bartoli, New York: Praeger Publishers, 1975, p. 12)

In the case of Hitler, when failure involved the nation itself, he felt that the nation had betrayed him and should be destroyed, for it had not been truly attuned and committed to victory:

> *...in the hour of his ultimate failure he [Hitler] was prepared himself to destroy Germany: If the war is to be lost, the nation also will perish...On the contrary, it is better to destroy it, and to destroy it ourselves.*

"Why is this person so anxious if he is not planning to betray me?"

Even before there is evidence of the outcome, the absolute leader is convinced that he can keenly hyperperceive the motive, however unconscious, of an individual. This hyperperception by the absolute leader he equates virtually with reading the mind or fantasies of an individual. He looks for signs and cues, which he believes are manifestations of the feelings associated with motive. His own feelings are so keenly self-referential that he uses them as a gauge to categorize people's motives and feelings.

He draws no distinction between people whose motives and associated feelings are not related to him, and those whose are. For example, if a person was unfortunate enough to be in an anxious state when in the presence of such a leader, this would be taken as a sign of betrayal: actual, imminent or in the remote future, whether or not the anxiety related specifically to the leader. He reasons: "Why is this person anxious if he is not planning to betray me?"

The absolute leader appears to have an "open system" in his mind between the conscious level and the unconscious level. His feelings are thus "right on the surface." Healthy repressive or suppressive mechanisms appear to be absent or defective. Without a zone of repression between his conscious level and unconscious level mind, there is an uninhibited free flow of feelings between these two levels.

He thus has ready accessibility to his unconscious-level feelings, and can act on "hurts" that occurred years ago, just as if they were happening in the present. His keen, uninhibited feelings are highly sensitive to the most minute feelings of others, as manifested by subtle cues, innuendoes and gestures that would be imperceptible to the average person, including the victim.

There are definite reasons for the absolute leader's rationale, which take form in his early development. There were probably real threats to his physical or emotional survival, usually from

a governing adult in authority over him or from a hostile parent (usually of the same sex). In later life he does not distinguish between true danger and anxiety born out of ordinary human frailty.

He accomplishes his hyperperception by assessing his own feelings and immediately registering how he himself feels. He is convinced he knows the feelings of another person, if he can know how they "make" him feel.

> *There are truths that feeling alone can demonstrate. We shall call them 'felt truths'* (Napoleon Bonaparte, "Discours sur le Bonheur," 1791; in *The Mind of Napoleon*; New York: Columbia University Press, 1955, p.31)

Items, situations, events and occurrences that would not be given much notice by the average person are immediately and keenly recorded in the absolute leader's mind as direct manifestations of the intentions of an individual. He ascribes paramount significance to these matters, for he is convinced that all that transpires between him and an individual is related to him personally. This is typified by Stalin's stalking mind when he would frequently say, "It is not accidental."

Furthermore, the absolute leader is convinced that his feelings never exist in a vacuum, but rather in a "dialogue of feelings" with another person. If he 'likes' a person, then he feels the person 'likes' him. If he 'dislikes' and distrusts a person or has a sentinel feeling of fear or anxiety, he is immediately convinced that the particular person who stimulated this feeling in him has destructive intentions toward him, or has plans to start a conspiracy against him.

Some of the conscious and unconscious cues given off by individuals are often quite simple and harmless. It could be the look of an individual's eyes, his gait or even the way he handles time relationships (either by coming too early or too late for an appointment). It could be feelings of

To an absolute leader, a feeling of dislike or distrust toward someone is sufficient evidence of that person's guilt.

like or dislike, guilt, anxiety, fear, depression, anger and rivalry.

It could be something to do with other physical signs such as a sigh, voice and language usage, blush, cough, a handshake, body gestures, or appearance. There may be a mental incompatibility—forgetfulness, oversights, miscalculations or mistakes. He may perceive unattunement based on the quality and appropriateness of efforts: overperformance, power maneuvering, directness of approach, attention span, recommendations and offers, inappropriate reassurance and smiling, or a feigned show of sorrow; overenthusiasm or opposition-oriented outlook.

Manner in general is important: obsequiousness is a tip-off, as is lack of courage or of spontaneity, joking, restlessness and uneasiness. Plus other miscellaneous cues: changes of plans and surprises, presentation of overly complicated and unclear proposals, seductiveness, reaction to sensitive subjects or to talk of the leader's death.

To an absolute leader, a feeling of dislike or distrust toward someone is sufficient evidence of that person's guilt. Consider the following story reported by Jim Bishop in *The New York Journal-American* on July 30, 1965, page 23.

> *It involved Prince Lippe-Weissenfield, a German major in the Luftwaffe. Lippe was a German patriot. He was in the ironic position of wanting his country to win the war and the Nazis to lose it.*
>
> *By 1942, he was leader of the German night fighter group assigned to protect Berlin from British bombers. In March 1943, Lippe had been credited with about 100 bombers.*
>
> *"This," a general said, "means that you will get the Knight's Cross with diamonds." The Prince shrugged. "Hitler gives those in person," he said. "You will have a golden opportunity to shoot him at the ceremony."*
>
> *The handsome young man who had defied death hundreds of times bowed his head. "I do not know if I am brave enough." The Prince was brave enough to entertain the notion, and he learned that, at all Hitler ceremonies, all officers were searched by the SS.*
>
> *So, in March, 1943, when the Führer was to hang the Knight's Cross with ribbon around his neck, with both standing as close as the next breath, the Prince wore long underwear and placed a loaded pistol inside his right thigh and ripped a hole in his right trouser pocket.*
>
> *He was frisked, and approved. The ace of aces moved on stage at the Sports Palace in Berlin. As Hitler hung the cross, all Lippe had to do was reach into his pocket, yank the pistol out, press it against Hitler's chest and pull the trigger.*
>
> *Hitler walked on stage amid thunderous applause. He hung the medal and stepped away. Nothing happened. The Prince said later: "When I heard all those cheers, I thought I must be the only insane person present."*
>
> *A short time later, he was ordered to report to Brussels. As he stepped into his plane, a field commandant said: "Nein. Nein." and pointed to another plane. The Prince took off. His body was found in the Ardennes Forest.*

We do not know what Hitler perceived when he met Prince Lippe, nor exactly what cues aroused his distrust. If a conspiracy had been detected or any documentable evidence discovered, Hitler's pattern was to expose a member of the aristocracy such as the Prince, making an example of him. We do know, however, that no trial was

held, and no chance was offered the hero to defend himself. There was only the decision.

When the absolute leader acts on the basis of his distrust and dislike, an appeal can rarely be made. Hitler himself gave a keen insight into the workings of his mind when he said: "At the beginning of our movement I acted above all by intuition." (*Secret Conversations*, p. 46)

Rather than being favorably impressed with this officer's brilliance and outstanding attributes, the absolute leader considers these attributes a liability and a danger if he does not feel the individual attuned to him. He would rather count on individuals of humble, modest assets, but who are attuned and fanatically loyal.

The absolute leader also distrusts hesitancy. He feels that a hesitant individual unconsciously anticipates failure, and his very hesitancy is the early sign of his unconscious design to make the leader take sole charge of and responsibility for the failure. As expressed by Hitler: "The spirit of decision consists simply in not hesitating when an inner conviction commands you to act."

The leader also seems to feel that delays by others are an act of hostility toward him. Delays are viewed as an unconscious power play or rivalry designed to agitate and frustrate him. He reacts to the anxiety created in him by such delays with fierce anger, as he might also if an individual arrives too early. The absolute leader does not view arriving too early as a sign of cooperation or willingness to serve, but instead sees haste as a sign of invasiveness, aggression or guilt.

Eye movement and possibly even pupil size, reflecting uneasiness, guilt or anxiety, also are given specific attention. Eye contact is one of the first signs noticed by the absolute leader, such as Stalin.

> *'Why are your eyes so shifty today?' Stalin would suddenly say at random to a party worker he had known for years, 'Why do you turn away? Why don't you look me straight in the face?' As often as not the unfortunate individual was arrested later the same day.* (*Stalin, The History of a Dictator*, H. Montgomery Hyde, New York: Farrar, Straus and Giroux, 1972, p. 368)

From the moment Hitler entered the room, his eyes overwhelmed us with their intensity and directness.

The leaders' own eyes interestingly are described as their most remarkable and startling feature. I once interviewed a person who came face to face with Hitler. This person did indeed describe Hitler's eyes as his most remarkable feature. During our interview, the person showed obvious signs of stress as the encounter with Hitler was described.

> *From the moment Hitler entered the room, his eyes overwhelmed us with their intensity and directness. They overshadowed every other bodily feature. His eyes were wide and seemed fixed. I do not recall seeing them blink at all. They were serious and very forceful. People say that Hitler's eyes were hypnotic. I certainly agree.*
>
> *There was a group of us in the room from the Academy that he was congratulating. He came close to each of our faces, looking directly into our eyes as he touched our hands. At that moment of eye-to-eye contact, you felt there was no one else in the room. You felt he was totally absorbed in you and only you. If there were something bad you were planning, you certainly felt exposed. His eyes were not just looking at you but seemed to look deep inside of you.*
>
> *The most frightening feature I remember was that when his face smiled, the eyes did not smile. I had never seen that contrast in anyone before. His eyes seemed to have a life of their own. The energy in his eyes left me exhausted. In a staring contest he certainly would have won. My body was almost limp after our encounter. I will never forget that experience.*

Figuratively speaking, the absolute leader's keen ears can be said to register and evaluate the spoken word as a voice-recording lie detector would. With his heightened senses, his ear picks up sounds in voices as they are related to the speaker's feelings. He also hears sounds that are at variance with the speaker's feelings, much as a musical conductor recognizes the slightest disharmony, however subtle, during the performance of an orchestral score.

Voice changes are carefully monitored in his mind. Obvious signs, such as stammering, dry mouth, volume, pitch, rapidity, intonation and all other changes would be given definite meaning. He would also note the slightest imitation of his expressions and use of his words as a sign of aggression; other key words and expressions might reveal a person's unconscious motives. For example, the word 'try' would be especially offensive in discussion of serious endeavors.

The absolute leader pays particular attention to posture and gait. Stalin would carefully watch an individual walking away from a meeting with him, and he would reach conclusions about that individual's fate.

Many unnecessary physical movements could create great anger in the leader. He would feel such movements indicate a desire to invade his personal space. Also, many undue physical movements could be a sign of the individual's confusion.

The absolute leader's feelings are also very affected by the look or appearance of the person before him. If Ivan the Terrible did not like the appearance of someone he saw while he was out walking, he would com-

mand the person's head to be cut off immediately.

After causing the suffering and deaths of many innocent subjects, one absolute leader offered a typical rationale:

> *These men would doubtless have rebelled against me. They have received their punishment in anticipation.* (*The Sultans*, Noel Barber, New York: Simon and Schuster, 1973, p. 99)

Sultan Murad IV, who ruled the Ottoman Empire for a time, was said to find "A simple panacea for the ills of the country."

> *He cut off the head of any man who came under even the slightest suspicion. In 1637 he executed 25,000 subjects in the name of justice, many by his own hand...He executed the Grand Mufti because he was dissatisfied with the state of the roads. He beheaded his chief musician for playing a Persian air....When a Venetian called Zanetti built an extra room on top of his house, Murad...hanged the man...he drowned a party of women when he...took exception to the noise they were making....When he rode forth, any unfortunate wretch who displeased him by crossing or impeding the road was instantly put to death, and frequently fell pierced by an arrow from the gloomy despot's own bow.* (*The Sultans*, pp. 83-85)

The same absolute leader routinely took the lives of at least 10 innocent subjects a day, aiming his arquebus at those he felt wandered too close to his palace walls, an indication that he felt his own critical distance was being breached, or they triggered some other adversative reaction in him.

In *Plutarch's Lives*, Caesar describes Cassius, a conspirator who later participated in Caesar's assassination, which offers insights into what Caesar did not like to see in an adversary:

> *What, think ye, doth Cassius want? I like him not over much, for he is much too pale. I am not in fear of these fat, long-haired fellows, but rather of those pale, thin ones.*

Forgetfulness is another trait that puts an absolute leader on alert. He considers the accuracy with which a person remembers all things relating to his job, especially instructions for a task, as a test of the person's true attunement both to the cause and to himself as leader. Krushchev was quoted in the New York Journal American's "American Weekly Section" on page 4 (July 21, 1963), telling how Stalin would make people drunk (to expose their unconscious) and then give them meticulous, multifaceted commands. They were expected to remember all commands in accurate detail. Forgetfulness was usually fatal.

> *I knew the rite. You had to fill the glass, a full-sized wine glass, with vodka and drink it down in one gulp. Vodka never frightened me much, especially when I was 20 years younger, but this night I was exhausted from the trip, the lack of sleep. Stalin knew it—he was putting me to the test. I was well aware of what would happen to me if I flunked.*
>
> *Anchoring myself as firmly as possible, I began—one glass, another, still another, again and again.*
>
> *I did not drink alone. Stalin paced me, drink for drink. And one question followed another. I had to answer instantly and exactly. Where was such and such a regiment, how much fire power was left to another? How many vehicles had been lost in that sector, and how many Nazi planes had been brought down that day.*
>
> *Meanwhile, he drank and I drank. My body felt as though it were turning to wood. My feet, legs, thighs slowly became insensible. But my stomach and chest were on fire. A voice sounded in my head, repeating over and over, 'Stay sober, Nikita! Stay sober! He's going to start giving you orders, and you'd better remember them and execute them, whatever they are, unless you want to be executed!'"*

Overperformance, on the other hand, could also be risky. A person who overperforms could have the makings of a hero and therefore be a danger to the leader, his troops, and the cause by his ambition. The absolute leader reserves for himself alone the prerogative of overextension, or the decision as to who will be allowed to overextend. Without his sanction, overextension and overperformance are viewed as grandiose attempts to rival the leader himself.

General Georgi Zhukov, considered a great hero of World War II, came under suspicion and near death after his popularity and success at the battle of Berlin. As can be seen, a successful outcome was not the basis for complacency or a sense of security for a follower, because success could so easily be viewed by the absolute leader as overextension.

On the other hand, undue humility, self-effacement or avoidant behavior also aroused the absolute leader's suspicion.

> *Marshal V.K. Bliukher, commander of the Special Far Eastern Army, a legendary hero of the Civil War [1918-22] was shot. In the summer of 1938 he directed the rout of the Japanese at Lake Khasan, but his name did not appear in the long lists of those who were decorated for heroism in that battle. On August 18 he was called to Moscow, and on November 8, on Stalin's orders, he was shot. Stalin did not openly make any charges against Bliukher or even announce his death.* (*Let History Judge*, p. 211)

The absolute leader is ruthless when he senses signs of power maneuvering at his expense. Göring, for example, wrote to Hitler as the war collapsed about him that he was assuming supreme powers of the state. Despite Hitler's previous indulgences with Göring, this overextension was not forgiven. Their messages are recorded as follows:

> *My Führer, since you are determined to remain at your post in Fortress Berlin, do you agree that I, as your deputy, in accordance with your decree of 29.4.1941, assume immediately the total leadership of the Reich*

with complete freedom of action at home and abroad.

If by 22.00 hours no answer is forthcoming, I shall assume you have been deprived of your freedom of action. I will then consider the terms of your decree to have come into force and act accordingly for the good of the people and the Fatherland...

Your most loyal, Herman Göring.

When Hitler received the message from Göring, he was beside himself with fury...Hitler raged about Göring's corruption and stripped him at once of his offices in the state. For a start, a formal message was sent: Decree of 29.6.41 is rescinded by my special instruction. My freedom of action undisputed. I forbid any move by you in the direction indicated. Adolf Hitler. (*Göring*, Robert Manville; War Leader Book No. 8; New York: Ballantine Books, 1972, p.25)

The absolute leader is acutely conscious of whether a follower responds to his cues and orders in an attuned, suggestible manner. He senses the degree to which he can work with or control the person's superego. A few followers who exemplify this total suggestibility and submission are Himmler under Hitler, Molotov under Stalin, and Ye Liu Chutsai under Genghis Khan. They were all exceptionally loyal and submissive men who were skilled in perceiving the wishes and thoughts of the leader.

But they cannot be passive or obsequious—either of which is viewed by the leader as aggressive behavior. Nor can they be overenthusiastic or indifferent. Both overenthusiasm and indifference are extremes that would be viewed with suspicion as contrasting manifestations of incompatibility. They produce in the leader a sentinel alarm, instead of the confidence evoked by a person who demonstrates dedication, certainty and reliability to the cause.

If a follower tries to enumerate reasons why a plan presented by a leader will fail, the leader responds with bitter anger toward him. Under Stalin anyone who ever opposed his ideas, however radical and unreasonable, was looked upon as a "revisionist," a "rightist," an "oppositionist," a "deviationist," or an "enemy of the people." No one was forgiven for any opposition. Years later, when it was convenient and expedient, Stalin would have them arrested, frequently tortured, and usually shot.

And woe to those who are chosen to bring the absolute leader bad news. He feels they are selected because unconsciously they were in attunement with the disastrous news that they convey to him. He feels that the messenger takes unconscious pleasure in seeing him in an anxious and compromised state.

When Ivan the Terrible received the message that his childhood friend, Prince Andrew Kurbsky, had deserted him, he had the messenger brutally punished:

Ivan at this time carried about with him a long wooded staff with a steel point. It was a stout wand about four feet long...The Tsar developed a habit of striking people with this staff, sometimes killing them...It is said that Ivan, receiving the message, leaned with his staff upon the messenger's foot and transfixed it to the earth as he stood before him. Then he ordered the messenger to read the letter to him...The Tsar, having heard the letter read, coldly ordered the messenger to be taken away and tortured. (*Ivan the Terrible*, Stephen Graham, Conn.: Archon Books, 1968, pp.174-177)

In sum, the motives and associated feelings of others are overpersonalized, overinterpreted, and generalized by the absolute leader, who feels himself to be the center of all happenings. He feels he is constantly in danger. When his hyperperceptions are correct, they are usually correct in hyperperceiving attunement or unattunement to himself. However, unattunement to the absolute leader must not be confused with being wrong.

Human motives and the feelings associated with them are indeed complex, as the human mind is complex. While in the presence of the absolute leader, something extraneous may occur in one's mind and produce an anxious thought that has nothing whatsoever to do with the leader. However, this would usually result in a tragic event, for the absolute leader concludes that all feelings of an individual have direct reference to him.

The absolutism with which he overinterprets his keen perceptions causes him to oversimplify very complex human beings to assure his own safety or satisfy his pathological urge for revenge. There are times when he probably realizes his overinterpretations, but he would rather destroy many human lives than risk a potential danger, however remote. In the words of Stalin:

One cannot say that the purge was conducted without serious mistakes. Unfortunately, more mistakes were committed than one could have foreseen. (*Stalin: The Man and His Era*, Adam B. Ulam, New York: Viking Press, 1974, p. 501)

And in the words of Napoleon in a conversation in 1816:

If fifty thousand men were to die for the good of the State, I certainly would weep for them, but political necessity comes before everything else. (*The Mind of Napoleon*, edited and translated by J. Christopher Herald, New York: Columbia University Press, 1955, p. 160)

Society must understand and be protected from the absolute leader's dreadful rationale and too often fatal decision-making power. The world may not be able to absorb the damage or survive more absolute leaders.

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New World Disorder

by Jennifer Leaning

IN THE FACE OF MASSIVE ASSAULTS that diverse populations are inflicting on each other, the world community is now forced to define in newly pragmatic terms the interest and responsibility it has to defend humanitarian principles. A chaotic war, a great famine and diplomatic failure in Somalia compelled the United Nations and the United States to realize that it was necessary to help secure order and provide relief, even if such intervention extended to using military force without the direct permission or invitation of the several factions that claimed to speak for the Somali people.

In Yugoslavia, a bitterly divisive and ugly conflict is presenting the United Nations, the United States and Europe with several deeply unsatisfactory military and diplomatic options, among which a choice has not yet been made. The ongoing indecision, as all recognize, merely permits the situation to deteriorate.

Other countries threaten to present the world with similar dilemmas: Sudan, in the midst of rebellion and famine; and Mozambique, bristling with weapons, in the early stage of a fragile peace. Although these crises each have distinct features, what is similar is that within the borders of each country, the eruption or propagation of existing, simmering hostilities has inflicted or will continue to inflict great cruelty on the civilian populations, who are currently beyond the reach of international law or the UN Charter.

Several lines of reasoning converge to support humanitarian intervention in these settings. In the face of incontrovertible evidence that thousands, if not millions, of people are being subjected to intense suffering, the argument based on protecting human rights is straightforward. Indeed, almost too straightforward, because as Cyrus Vance has said, "All serious conflicts constitute gross violations of human rights."

The human rights argument then forces the next question: whose rights are being violated, and who has the power to define what constitutes a human rights violation? The world community has struggled for decades to advance a consensus definition of universal human rights. To shy away from the implications of its relevance simply because we do not understand how to act in its defense would be a feeble dénoument to a noble, albeit young collective enterprise.

A more politically grounded argument for intervention is that it is necessary for world leadership to intervene on behalf of moral principles, like human rights, so that these principles continue to be seen, domestically and internationally, as alive, active and powerful. If certain norms are not maintained through practice, they fall into disuse. Unlike in our recent past, current communication technologies do not allow us to escape seeing, in abundant and immediate detail, the extent to which these norms are being violated, both overseas and domestically. We continue to watch, and do nothing, at some risk to our own moral institutions. Leaders who seek to promote peace and social justice at home cannot avoid answering hard questions about what we are doing to help people who are suffering in areas removed marginally from us in space, but not in time.

The explicit and more recognizable utilitarian argument in support of humanitarian intervention is that it is in the interest of developed societies to forestall and alleviate suffering and vast social disruption. Not to do so threatens the political and economic stability of the world. This argument holds greater strength now than even decades ago, because the world is far more crowded and socially, economically, ecologically and militarily more interdependent. With greater interdependence comes greater mutual vulnerability.

In Somalia, the utilitarian argument turns on several features. Its geopolitical proximity to the Mideast carries the potential for a rampant trade in arms, including nuclear weapons, and a similarly devastating trade in drugs; and economic and social turmoil feeds the spread of religious fundamentalism and threatens the country's fragile borders with Kenya, Ethiopia and the Sudan. Without the restoration of order in Somalia, one could argue on sound grounds that we sow the seeds of a protracted, wider war throughout the Horn and East Africa.

A similar case can be constructed for the former Yugoslavia, where the

conflict is kindling religious fundamentalism and spawning a lucrative trade in drugs and weapons. In short order this conflict could spread to Albania and Macedonia. The subsequent enlistment of Turkey and Greece could effectively create conditions for a central European war.

The arguments against humanitarian intervention are now undergoing close scrutiny. It is an understandable irony of history that international law is relatively unhelpful when it comes to the protection of civilians who suffer within the boundaries of a state that refuses outside assistance. For centuries, societies have aspired to balance the needs of the individual with the needs of the group. Created in this process is a world of nation-states, whose internal sway is considered supreme (and, best case, is designed to protect the rights of the individual) and whose external actions are moderated by codes of international behavior and agreements. Interference with the internal affairs of a state can occasion great instability, and arguments based on humanitarian or human rights issues might be used as manipulations in behalf of other interests.

As a result of the civilian slaughter in World War II, there has been some movement on the part of the international community to consider the needs of noncombatants caught between armies. In 1949, the Geneva Convention was revised to include sweeping and specific statements of protection for civilians entrained in a declared war between or among nation-states. A relatively general statement of protection for noncombatants in undeclared war was also inserted in the 1949 conventions, and expanded upon in the 1977 protocols. Under these provisions, relief measures can take place, but only with the permission of the responsible government.

The body of doctrine on international human rights has developed markedly since the end of World War II, but shares with the Geneva conventions and protocols a deference to the sovereignty of nation-states. The UN Universal Declaration of Human Rights, issued in 1948, asserts that every human being has "the right to life, liberty, and security of person." Its expansive discussion of these rights closes with a rousing statement that "everyone is entitled to a social and international order in which the rights and freedoms set forth in this Declaration can be fully realized." The document notes at the very end, however, that "these rights and freedoms may in no case be exercised contrary to the purposes and principles of the United Nations."

The UN Charter does not permit the use of force by one nation-state against another, except in the case of legitimate self-defense. Collective action against a state can only take place by Security Council decision, acting under a provision that permits intervention in the setting of an overwhelming threat to international peace and security. This provision was invoked to sanction UN intervention in the Gulf War.

Current doctrine in international law and practice can thus be seen as very rigid: in the absence of express permission from the government to send in humanitarian aid, or unless a most specific provision of the UN Charter is invoked, there is simply no place for the use of armed force to intervene on behalf of humanitarian concerns against the wishes of a sovereign state.

In the words of Yves Sandoz, a noted commentator on international humanitarian law, the current situation allows "no option other than that of committing one offence against the peace and security of mankind in order to prevent another."

There are more aspects of this quandry, however, than simply the rigidity of international law. Within parameters, the law allows for some flexiblility; there are many legal ways nation-states can express their displeasure and exert influence on each other. For example, after the Soviet Union invaded Afghanistan, the United States imposed a grain embargo, and cancelled participation in the Moscow Olympics.

What makes the situation even more complex is that in many instances now the world community is not dealing with sovereign nation-states. In the former Yugoslavia and in Somalia, either several governments claim to speak for the people, or no definite government exists at all. In this context, the notion of obtaining "permission" from an overall leadership structure is illusory and frequently delusional. Meticulous attention to the provisions of international law is insufficient when, as in both conflicts under discussion, a local, heavily armed force, exercized without fear of reprisal from higher authorities, can determine what happens.

In these disputed or frankly anarchic settings, the usual methods for delivering humanitarian aid cannot be fully or confidently employed. The fundamental tactical problem is that agreements cannot be relied upon to hold over time. The situation can be so volatile that a truck transport agreed to in the morning is prohibited by noon. In addition, because of the wanton lawlessness and violence, sites for offloading supplies are insecure, storage areas are vandalized, transport unsafe, delivery and distribution systems disrupted and threatened. The physical safety of relief personnel is at risk. As a consequence, food and medical supplies get through only intermittently, and in pitifully small quantities in relation to need.

So in this last decade of the 20th century, darkened by many bloody wars and conflicts, we stand by, mute and inactive. Our awareness is burdened by an articulated international definition of fundamental human rights, educated by our growing sense of interdependence, forced by communications technologies into direct witness of mass death and atrocity, and yet constrained by the absence of

knowledge or guidance about what to do next, thinking that perhaps there is nothing we can do.

The fact that so many people and governments are wrestling with this problem at this time establishes an important opportunity. We are on the threshold of expanding and changing some key tenets of international law. We are also in the midst of developing experience about how to act in these fluid and problematic situations.

Nongovernmental organizations (NGOs)—such as CARE and Save the Children—and the International Committee of the Red Cross (ICRC) have for years provided humanitarian relief and assistance in settings of disaster or civil conflict. In outright war, however, NGOs have usually not functioned, whereas the ICRC was explicitly constituted to monitor compliance with the terms of the Geneva Convention during armed conflict. Both sets of organizations, however, have worked in countries only with the consent of the relevant governments or warring parties. When such consent cannot be obtained or government itself is absent, NGOs and the ICRC experience difficulties in carrying out their missions. Their roles become increasingly problematic when the actions of warring parties deliberately or inevitably affect large numbers of noncombatants and when the combatants have limited understanding of and no commitment to the strictures of international humanitarian law.

These conditions pertain to both Somalia and former Yugoslavia and have severely hampered the efforts of NGOs and the ICRC in both settings. Daily stories in the news over the last 12 to 18 months show how hazardous, and at times impossible, it is in both countries to establish access to communities in need and maintain adequate supply lines.

The ICRC stated in March 1992 that in Somalia approximately 42,000 metric tons (MT) of food per month were needed to supply the capital city, Mogadishu, and the countryside; in August, this total had risen to 60,000 MT per month. Throughout this period, because of security concerns at the ports, most relief supplies were brought in by small aircraft landing in Mogadishu. Nothing close to what was needed could be delivered by this means, and very little could be transported to interior regions. Between the onset of war and famine, and the arrival of U.S. troops, perhaps 500,000 people have died.

So in this last decade of the 20th century, darkened by many bloody wars and conflicts, we stand by, mute and inactive.

In the former Yugoslavia, truck convoys bearing supplies are taking weeks to cross the mountains, delayed by Serbian harrassment and poor roads. At the other end of the dry pipeline, hundreds of thousands of people are slowly starving and thousands have already died. Vukovar—one of the first cities in this war to be starved and then destroyed— has become a distant memory of genocide. And in Sarajevo, life is slowly draining out. The U.S. airlift, directed to support beleaguered villages in eastern Bosnia, comes months into the winter of the second year of war.

The UN, in its peacekeeping role in former Yugoslavia and Somalia, is being challenged to examine its rules of engagement and overall level of appropriate force requirements. When and how can lightly armed UN forces intervene to halt the commission of atrocities; what kind of warning or threat has to take place before firing first constitutes legitimate self-defense; how much force does it take to secure safe transport for personnel, food and material? There is a balance between what you are allowed to do and what you can do, as the commander of the UN peacekeeping force in Somalia recently pointed out. With only 500 troops in Mogadishu, he could not risk provoking Somali reaction and endangering the expatriate community he lacked the forces to defend.

What were the options facing the UN soldiers in Sarajevo when their armoured personnel carrier, transporting a Bosnian official, was stopped by 40 to 50 Serbian soldiers and two Serbian tanks, and the back door of the vehicle was ordered open? UN procedures prohibit opening the doors of armoured vehicles at checkpoints, but in this instance the UN soldiers had met overwhelming force. The door was opened and the official was killed when a Serbian officer fired seven shots into his chest and arms.

Tracing these catastrophes after the fact always prompts questions regarding issues of prevention, anticipation, and overall guidelines for action. This, a paradigm case of diplomatic and military ambush, has certainly occurred before and could have been foreseen. But by assuming peace and not war, the UN soldiers drove into an impossible trap. The UN is walking in that no-man's land between peacekeeping and peacemaking, and the wider that terrain, the more treacherous it is for all.

"Peacekeeping" was the operative term in Operation Restore Hope when the United States began by insisting that its mission did not extend to disarming the population of Somalia, despite strong assertions from UN Secretary General Boutro Boutros Ghali that only such intervention could create the conditions for lasting stability. During the first two months U.S. forces had been in Somalia, there was much vacillation over this point. It is now clear, however, that the United States is being forced by violent circumstances into aggressive acts of disarmament, backing into a peacemaking role that has very few established rules or principles.

Because many of the armed combatants are virtual children, the ambiguities are particularly fraught, as evidenced by the anguish on all sides when a marine, in the mistaken belief that a grenade was about to be thrown, shot and killed a 13-year-old Somali boy. The boy's mother, grieving at the loss of her last surviving child (her two other children had been killed earlier in the war), distilled the essence of this tragedy: "The way these men are acting, they aren't solving problems, they're creating them. It's our fault. We asked them to come."

This is the dilemma. Soldiers can do many things, and have to do some things. If we do not allow troops certain latitudes and grant them certain force, they are ineffective. Without instructions about how to promote vigorous intervention short of war, however, we are forced to see soldiers, and the populations they are trying to help, whipsawed by recrimination and reprisal.

One venturesome spirit, Bernard Kouchner, the physician-founder of Médécins Sans Frontières (MSF) and now the French minister of health, has created new rules for the delivery of humanitarian assistance in conflict situations or where the usual structures of government have broken down. He described "the right of interference" (*droit d'ingérence*) as embodied in all who would carry out humanitarian principles. MSF educates staff to be resourceful, aggressive and disciplined. They are trained in a curriculum based on a seasoned combination of practical tips, guidance from the Geneva conventions, and human rights. When deployed in "cross border" operations, MSF personnel push the edges of state tolerance, working in areas where it is not entirely clear the authorities have given them full permission to be.

Whether the right of interference will ever replace at the state level what is now considered the "right of indifference" remains to be seen. What is occurring now is a gradual recognition, on the part of individual states and the world community, that there should exist threshold conditions that compel international humanitarian intervention on behalf of distressed peoples. The misery must be intense, the numbers great, the world concern very high. Whatever these threshold conditions are (and they will need to be spelled out carefully and secured through international agreement), they were implicitly invoked when the United States, with acquiescence from the UN, intervened militarily first in Somalia and now, most gingerly, in former Yugoslavia.

The misery must be intense, the numbers great, the world concern very high.

As we proceed farther down this path of humanitarian intervention, the world community needs several levels of conceptual, strategic and tactical guidance. The questions that should be asked include:

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What are the threshold conditions that must be met before the world decides it is necessary to intervene on behalf of humanitarian concerns, against the expressed wishes of the warring parties, or in the absence of any effective government to provide consent?

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What are the generic strategic options the world can employ in settings of catastrophe and war, such as forcible intervention, economic interdiction, etc.? With each option, what are the anticipated end points?

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What are the decision-making procedures to use in these settings? (Who determines when a threshold has been crossed? Who determines which strategic option to choose? If the use of military force is envisioned, which military and under whose command?)

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What are the tactical considerations that must be resolved in choosing among these options? (These are, in many ways, the most crucial and the least developed: Under what circumstances is intervention possible; What are the barriers to particular options; How is the intervention to be effected; When is the optimal time to initiate it and when has the time passed; and Who should be making these decisions?).

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What are the levels of force and rules of engagement needed for the range of strategic options requiring military intervention?

No one said that at the end of the Cold War it would be simple. Few, perhaps, anticipated how rapidly the old persistent enmities would re-ignite or how immediately the problems we chose not to deal with would now arrive, unbidden. Somewhat in advance of the millenium, we face a challenge to world order and community of millenial proportions. Let us hope we are equal to it.

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Is Force Justifiable?

by J. Bryan Hehir

In the 1980s the medical profession was highly visible in the debate about nuclear strategy and the danger of nuclear war. Precisely because physicians carry significant moral authority, their willingness to engage in public discussion and policy debate about an issue "beyond medicine," one which affects the welfare of whole societies, added a new tone and new themes to the standard anti-nuclear argument.

At the time when organizations like Physicians for Social Responsibility and the International Physicians for the Prevention of Nuclear War were bringing home to the public the potential consequences of a full-scale nuclear exchange between the superpowers, hardly anyone even hoped that by the end of the 1980s the nuclear threat could be radically diminished. But that, of course, is what has occurred; the collapse of the Soviet Union and the end of the Cold War have permitted agreements on nuclear arms reductions that were unthinkable a decade ago.

It is useful to look back at the past decade to appreciate the enormous significance of the rapidly declining threat of large-scale nuclear war. It is imperative to recognize, however, that the end of the Cold War may generate other forms of threats and violence less focused than the nuclear stand-off and much more difficult to assess. There are good reasons to attribute part of the cause of the Gulf War and the atrocities of Bosnia to the end of the Cold War.

The analysis of the morality of war, therefore, remains a necessary part of international relations at a time when revolutionary changes have, paradoxically, created space for some old topics—nationalism and intervention—to reemerge. In this new setting of the post-Cold War period, nuclear issues will remain, but only as a part of the agenda of war, politics and ethics.

How then is the moral framework for evaluating war constructed? The fundamental moral question is whether any use of lethal force is permissible. A long tradition has argued that such force is never justified, and draws the moral line at nonviolent resistance. This view, sustained with remarkable fidelity in the "peace churches," has always been respected in moral theory but has never been a dominant position.

The dominant theological view has argued that some uses of force are legitimate—but only some. The structure of this moral argument involves two steps. It begins with a presumption against the use of force, resting the burden of proof on those advocating war. This presumption represents a moral restraint, requiring evidence that the presumption should be set aside.

The second step in making the moral case for the use of force, therefore, is to identity exceptions to the presumption. The case can be made for an exception if the moral obligation not to use force is overridden by other compelling moral duties.

Justifiable exceptions are determined by asking three questions. *Why* should force be used, *when* can it be used, and *how* should lethal force be restrained when it is employed?

The inquiry begins with "why," which questions the purposes for which force can be employed. In the tradition of moral argument it is known as "the just cause" question. A summary of "just cause" argument is that force can be morally justified if its purpose is: to protect life, to restore rights denied, and to reestablish an order of justice in society. Briefly, the use of force can be considered if its purpose is to protect life under attack or to reestablish a social order needed to guarantee minimum conditions of personal security and justice.

The establishment of just cause is the first step in making the moral case for the use of force. War is not to be begun for frivolous reasons, indeed not for any reason save the most extreme situations of injustice. But just cause alone will not carry the moral argument; the "why" question leads to the "when."

"When can force be used?" seeks to establish the conditions under which pursuit of just cause can be morally sustained. This question seeks to probe the motives and moral framework of efforts to protect life and reestablish justice.

The "when" questions are: Who has the authority (political and moral) to initiate the use of force; What intention drives the policy; Is the decision to use force a last resort (all other measures having been exhausted); Is there a reasonable hope of success (such that one does not have "to destroy the village in order to save it"—a quote from the Vietnam era); and Will there be some proportionality between the good sought in the just cause and the inevitable costs associated with any use of force (in other words, will the good achieved outweigh the costs, in terms of life and infrastructure)?

Resort to force in any situation short of self-defense (or defense of others under attack) must pass both the "why" and "when" tests. The just cause test alone is not sufficient because well-intentioned pursuit of just cause could be both disproportionate and ineffectual. The possibility of good intentions producing disproportionate consequences (more harm than good) is what induces caution in Bosnia. In this case, the cause is clear, but the consequences of a major military intervention are, to say the least, uncertain and potentially devastating for many parties. For example, the introduction of hi-tech weaponry may not stop the internecine warfare, but simply add a new level of destruction.

Because the just cause reasons in Bosnia are so clear, those with reservations about "when" to use force experience a high degree of moral ambiguity about their position.

Just as "why" leads to "when," so both in turn lead to how the use of force should be carried out. This question is about the determination of "just means," which is shaped by two principles: noncombatant immunity and proportionality. The first principle is often called "discrimination" and is essential for any moral position seeking to control the consequences of warfare. Since the moral justification for the use of force is rooted in the need to prevent aggression, then only those actively engaged in aggression are legitimate targets of attack. This means that even in a "just war," an entire society can never be the object of military attack. Hence, the traditional distinction is made between soldiers and civilians.

This last decade of the century promises a changed agenda for the ethic of war.

The distinction is much harder to draw in the 20th century than in, say, the 13th, but its relevance has, if anything, increased in an age of hi-tech warfare. The principle of discrimination draws the moral line between "justifiable killing" and "murder." Consciously targeting the civilian population qualifies as murderous. We will have to debate every time what qualifies as direct (consciously intended) attacks on civilians, and cases in which the intent is to avoid civilians but the execution is less than successful. After all these distinctions are acknowledged, however, the discrimination principle must be maintained because it is the bedrock defense against unlimited war.

Discrimination must be strictly maintained because the principle of proportionality is very difficult to maintain strictly. Proportionality seeks to assess the cost/benefit ratio—the good that is protected versus the harm done—of specific strategies and tactics in war. This is a judgment on the proportionality of specific tactics (e.g., a bombing policy), rather than the proportionality of the entire enterprise of going to war (which is part of the "when" question).

There will be open-ended debate about the benefit/harm of specific strategies. The most recent debate was over the Gulf War, when much attention was devoted to efforts during the war to spare civilians from attack, but the post-war assessments have clearly shown that civilians paid a major price in the bombing campaign.

The why, when, and how questions must be applied in the 1990s to a diverse range of strategic issues. In the first half of this century, the ethic of war (when it was used) confronted the reality of large-scale conventional war (World War I, II and Korea). From the 1950s through the 1980s, the two dominant issues were the nuclear issue and unconventional war, that is, Vietnam.

This last decade of the century promises a changed agenda for the ethic of war. The nuclear questions of this decade will not appear in the form of a superpower stand-off shaped by the intricacies of deterrence theory. The nuclear threat is vastly diminished in its danger, but nuclear weapons will not disappear. The focus of nuclear ethics is likely to be the continuing threat of proliferation.

The Gulf War signals the re-emergence of standard conventional war, now fought with hi-tech weaponry. The questions remaining from the Gulf War about proportionality, civilian casualties and combatant casualties (what numbers count as disproportionate?) call for a reworking of the traditional categories of the ethic.

The cases of Somalia and Bosnia starkly pose the old issue of intervention, which may be the dominant political-military issue of this decade. Somalia and Bosnia also each pose new questions for the old ethic.

The intervention issue is the least examined and most likely problem of the decade. Anyone who works on the ethic of war should want war to become obsolescent. But the 1990s offer little hope for that.

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